VR A1S (4) 1SM 9/S9

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

TONE RESERVEST	~	RECORDS	DATE
CERTIFIC	ATE	OF D	EATH

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1	1	3	6	: 1	

			1142		CEKTIFIC	AIE OF	DEATH			(11)	63
1	) 0	PLACE OF DEATH	LBOT		MARYLAN	II A STATE	RESIDENCE (When		If institution: Res	sidence before	odmission)
/	b	RURAL ond give n	If outside corporate lim	nits, write c. LE	2 Am 40A	m X	Jury	side comporate lin	claster	and give neare	ist fown)
		d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital,	Memor	-1-() (1	d. STREE	ET ADDRESS				IS RESIDENCE ON A FARM? YES NO P
		NAME OF DECEASED Type or print)	Mac	lgc.	Middle 5, W.	An	Rony	4. DATE OF DEATH	Jan.	29 29	Year 196/
	S. S	7.	6. COLOR OR RACE	WIDOWED	DIVORCED	Xest	1.71,180	57 1051	birthday) Mon	. 1 . /	Hours Min.
		House	ON (Give kind of work king life even if retired	done 10b KIND	OF BUSINESS OR IN	DUSTRY W. BIRT	HPLACE (State of	roreign couptry)	enfert 12	CUITEN OF V	VHAT COUNTRY?
1	13.	FATHER'S NAME	endin I	8 Com	rafton	14. MOTH	ER'S MAIDEN NA	ME P. K	Jano 7	m	
	15. (Yes.	WAS DECEASED EVE	ER IN U. S. ARMED FO (If yes, give you or dates of	RCES? 16. SOCIA	Bal E	INFORMANT	Mey	Henry	Address	asti	n My
			ATH [Enter only one c ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (	Kuko	(o). (b). and (c).] Cacheal ui	Laction	acute	1			VAL SETWEEN T AND DEATH
		Conditions, if a gove rise to i couse (o), stating	immediate (	b) all	econstantic	curry	There h	Ki.			
		lying couse lost.		c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			DITION GIVEN IN		WAS AUTOPSY PERFORMED? YES NO						
			tem 18.)								
	MEDICAL	20c. TIME OF INJUI Hour a. m. p. m.	RY Month, Doy, Ye	While 1	OCCURRED 20e. Not while of work	PLACE OF INJUI foctory, street, o	RY (Home, farm, iffice bldg., etc.)	20f. (City or tov	vn)	(County)	(Stote)
21. I certify that (I) (this hospital) attended the deceased fram. 1961, that (I) (we saw the deceased alive an 29 for 1961, and that peath accurred at P.M. from the causes and an the date stated of											
		220. SIGNATURE	the Havi	~		M.D. ATTENI	DING MED	STA	FF rs. $\square$	29/	22b. DATE SIGNED
		22c. PHYSICIAN'S NAME (Type)	HORSTON ;	HARRISE	NIO	22d. AC	DRESS LAND	hay las	-	"	
	23	BURIAL EREMATIC	ON. 236 BATE THERE	OF 23c	NAME OF CEMETER	OR CREMATOR	0	3d. 10 (ATION (	City, town, or cou	nty)	(State)
	24.	SUMBRAL DIRECTOR	PS SIGNATURE	L	SOURESS .	1	2So. REC'D	8Y REGISTRAR 1 '61	25b. REGISTRAR	S SIGNATURE	

1143

CERTIFICATE OF DEATH

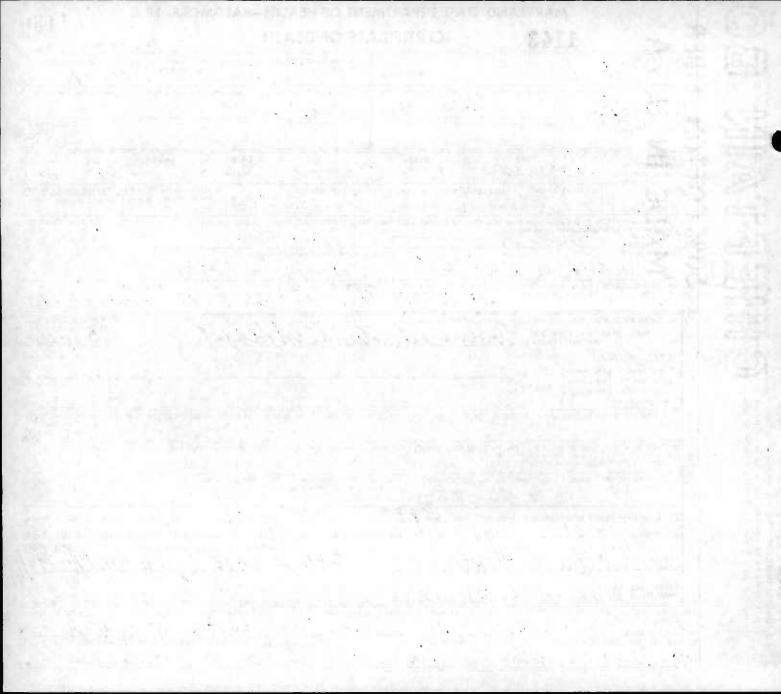
(1130

2420			The state of the s	g. Dist. No.
1. PLACE OF DEATH o. COUNTY Lalval	MARYLAND	2. USUAL RESIDENCE (WI	here deceased lived. If institution: b. COUNTY	Residence before admission)
b. CITY ON TOWN (If outside corporate limits, write RURAL and give heavest town)	c. LENGTH OF STAX IN 16	c. ETTY OR TOWN IN	outside corporote limits, write RURA	L ond give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street a OR INSTITUTION	ddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Middle	Baker	4. DATE Month OF DEATH Jaw.	3/ Year 196/
6. COLOR OR RACE 7. MARRI WIDOWEI	DIVORCED	B. DATE OF BIRTH		UNDER I YEAR IF UNDER 24 HR onths Doys Hours Min.
10a. USIAL OCCUPATION Gire kind of work done 10b. I during most of working lite, even if retired)	IND OF BUSINESS OR INC	USTRY 11. BIRTHPLACE (Stole	or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHERS MANE Translin a. Ba	ker	14 MOTHER'S MAIDEN !	Lusy Rusy	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S (Yes, no. or unknown) (If yes, give war a dates of service)	3-22-7759	MILES. HOL	wan Baker o	Trappe Ma
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate couse (o), stoting the under- lying couse lost.  CAUSE OF DEATH [Enter only one couse Destination  DUE TO  DUE TO  Could to the under- lying couse lost.  (c)	for (off (b), and (c).]	olie Keart.	Disacl	INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH B	JT NOT RELATED TO THE TERM	inal disease condition given	IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCUR	RED. (Enter noture of injury in	Port 1 or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. IN Hour o. m. 19 While of work	Not while	PLACE OF INJURY (Home, form foctory, street, office bldg., etc.		(County) (State
21. I certify that I attended the decease alive an 1-3/, 19(0)	1	1945,303 f th accurred at 6	M, fram the causes and conditions (Street, city or town, start	
PHYSICIAN'S MALE	1/2	_m.b		,

ifter death. Page 4 may be refuined by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be fitted with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours offer death. ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 has

VS A15 (4) 1SM 9/S8



MARYLAND STATE DEPARTMENT OF HEALTH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND Division of STATISTICAL RESEARCH FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) is necessary, director, Page or your files. e. COUNTY Health, a. STATE b. COUNTY MARYLAND 6 CITY OR TOWN c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) of 5 0 0 Boar d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADD may be retained 2 with the State I ould be executed within 24 hours after death. If any "in pencil in Item 18, Give Pages 1, 2, and 3 to the fun Office along with form PM3. Page 5 may be retaine burial-transit permit. File pages 1 and 2 with the State moval, and in any eyent within 72 hours after death. 3. NAME OF Middle DATE Month DECEASED OF (Type or print) DEATH 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED last birtigley) Months WIDOWED N DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even If retired) 16 DEVER 13. FATHER'S NAME EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 Address (Yes, no. or unkown) | (If yes give wer or detes of service) This certificate should be executed 18. CAUSE OF DEATH [Enter only one cause DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO removal, "pending" Examiner's o geve rise to Immediate cause DUE TO (e), steting the underlying o cause lest cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)| 19. WAS AUTOPSY CERTIFICATION lease execute the certificate, writing the word should be forwarded to the Chief Medical E. FUNERAL DIRECTOR: Page 3 should be 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Pert I or Pert II of Item 18.) PRIMARY | or CONTRIBUTING | MEDICAL EXAMINER: CAUSE OF DEATH. Ξ MEDICAL 20c. TIME OF THURS 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, Month, Dey, Yeer 20f. (City or town) age to bu fectory, street, office bldg., etc.) While Not While et work et work prior Inspection X 21. I tertify that I took charge of the remains described above, held an Autopsy Inquiry agent, Accident death resulted from: Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S DEPUT NAME (Type) Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 22b, DATE THEREOF NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) Sil REMOVAL (Specify) 240 O 24b. REGISTRAR'S SIGNATURE UNERAL DIRECTOR 24e. REC'D BY REGISTRAR

e. IS RESIDENCE ON A FARM?

YES NO NO

196,1

Min

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO

(Stete)

and in my opinion

DATE SIGNED

(State)

12. CITIZEN OF WHAT COUNTRY?

Dey

Devs

(County)

aring S. Traus

DATEJAN 25

VS. A15ME 5M 7/59

Tallet 1 1/2/ TRAPPE FLIE The place was a Bes Partum Et JAN 15 mes 25-1-1-31 Emm X --- 173 --- 1744 (423 Laborer Special Commonwer of Marchael The word of the property of the property of the She salified the said allerede 12-21-1

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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U	0	1	U	6

e. IS RESIDENCE ON A FARM?

(Stote)

2b. DATE SIGNED

with director ober filed funeral shar C pup ... filled Pages death. completely ofter papers. hours pup pou COL physician 2 remave ottending please pup the p permit. been signed burial-transit by the haspital ar attending physician has certificate the burial, SO use After this for ped DIRECTOR: pe Board shauld TO FUNERAL 3 page the Sto

certificate be executed within 24 has

that the death

1. PLACE OF DEATH a. COUNTY	
fal	F
b. CIPY OR TOWN (I) A	ts

Weskl.

MARYLAND

2, USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY URAL and give nearest town)

b. CITY OR TOWN (It suitside corporate finals, write RURAL and give the first forth)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN IN outside emporate	e limits, write f
d. NAME OF HOSPITAL (If nat in hospital, give street of OR INSTITUTION	address)	d. STREET ADDRESS	

YES NO NAME OF Middle 4. DATE Month Last Day Year OF DEATH DECEASED (Type or print) 196 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS.

AGE (In years just birthdoy) Manths Days DIVORCED [ WIDOWED | yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Sinte or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)

13. FATHER'S NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1Z-INFORMANT

CAUSE OF DEATH [Enter only one couse per line, for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)

DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO couse (o), stating the underlying cause lost.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?

YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I ar Part II of item 18.)

20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day. Year 20d. INJURY OCCURRED (County) factory, street, office bldg., etc.) Haur a. m While

Not while at work at work

194 196/, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. saw the deceased alive an and that death accurred at M, fram the causes and an the date stated above.

MED PHYS. DIRECTOR [ PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRES NAME (Type

23a. BURIAL CREMATION 23 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (CIT

256 REGISTRAR'S SIGNATURE 24. FUNERAL DIREC 25a. REC'D BY REGISTRAR JAN 25 DATE

VR A15 (4)

22o. SIGNATURE

15M 9/59

1145 CRIMING NO WINDOWS CALL  1710

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CEPTIFICATE OF DEATH

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1340	Anneale of Beani
1. PLACE OF DEATH o. COUNTY Jalhat	MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  b. COUNTY  b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	the stilles of the still
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  CONTROL HOSPITAL  OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES \( \) NO \( \)
3. NAME OF DECEASED (Type or print) MS. Kath evin	e Buchanan 4. DATE Month Day Year OF DEATH JANUARY 7 1960
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER A WIDOWED DIV	MARRIED . 8. DATE OF BIRTH ORCED . Nonths Doys Hours Min.
10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSIN during most of working life, even if retired)	ESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Balyer	14. MOTHER'S MAIDEN NAME / a Baker
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURIOR (Yest 16. or unknown) (If yes, give wor or doles of service) 220 -34-5	T 1 14 11
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), or PART I. DEATH WAS CAUSED BY:    IMMEDIATE CAUSE (b)	l hemorrhage Hours
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  20g. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJI OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS' PERFORMED?  YES NO
20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRY Hour a.m. p. m. 19 While Nat while of work of otwork	20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) (City ar town) (County) (State
	ased fram, 19, to, 19, that (I) (we) last and that death accurred at \$\frac{12}{3}M\$, from the causes and an the date stated above
220. SIGNATURE Robert W. Trever	M.D. PHYS. DIRECTOR PHYS. 22b. DATE SIGNED
22c. PHYSICIAN'S NAME (TYPE) ROBERT W. TREVER	Zed. ADDRESS Eastow, Maryland
Buria (Specify) DAN. 9, 1961 Wood	Town Memorial But Dear Faston, Mary and
Maurice E. Welmann J. W. Ed	oton, Md, DATE JAN 9 '61 256. REGISTRAR'S SIGNATURE

TO HOSPITAL VR A15 (4) 1SM 9/59 THE PROPERTY OF THE PROPERTY OF THE PARTY OF

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A STATE OF SAFE		

fter death. Page 4

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

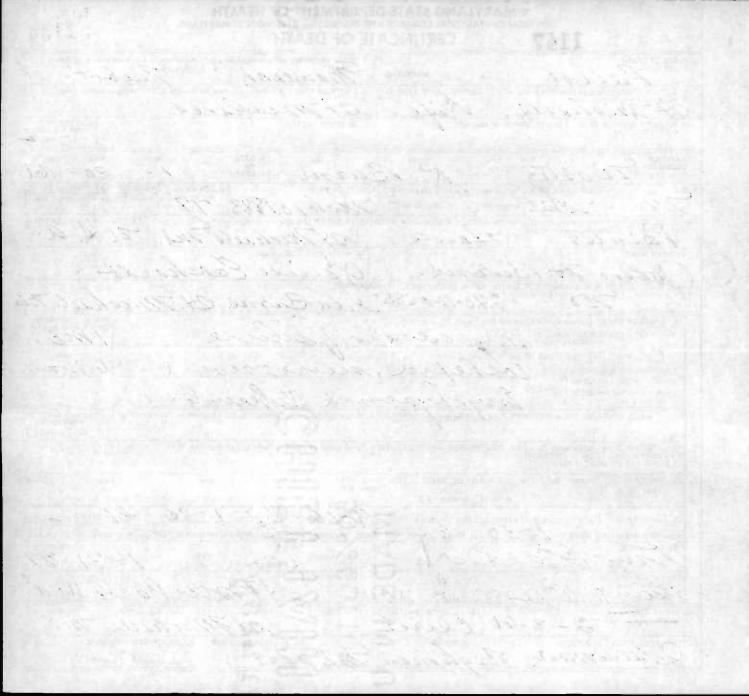
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1.	1	-1	2)	1	4

114/ CERTIFICA	IE OF DEATH
1. PLACE OF DEATH o. COUNTY Called. MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Jule 4
b. CITY OR TOWN (If outside corporate limits, write RURA) and give negrest tawn)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street address)  OR INSTITUTION	d. Street address  e. IS residence on a farm? YES \( \) NO \( \)
3. NAME OF DECEASED (Type or print) Walles First Middle	Lost 4. DATE Month Day Year OF DEATH 1- 30-1961
S. GEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED   E  WIDOWED DIVORCED	B. DATE OF BIRTH  9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS lost birthely)  When the Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY  24. A. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME Danise Eckhardt.
15. WE DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN [Version, or unknown]	Ida Burns Dt. Michaels m
18. CAUSE OF DEATH [Enter only ane couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	interval Between onset, and Death
Conditions, if ony, which)	seeme severe 6 mes
gove rise to immediate couse (a), stating the under-lying cause lost.  DUE TO  (c)	nd Tuberculosis,
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
	D. (Enter nature of injury in Port I or Port II of item 1B.)
	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State tory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased fram	eath accurred of AM, from the couses and on the date stated above
22a. SIGNATURE	M.D. ATTENDING MED. STAFF 22b. DATE SHOWLD  ATTENDING MED. STAFF SHOWLD  ATTENDING DIRECTOR PHYS.     3   -6   5    ATTENDING DIRECTOR   PHYS.     3   -6    ATTENDING DIRECTOR   PHYS.     3    ATTENDING DIRECTOR   PHYS.     3    ATTENDING DIRECTOR   PHYS.     3    ATTENDING DIRECTOR   PHYS.     3    ATTENDING DIRECTOR   PHYS.   PHYS.
22c. PHYSICIAN'S 2. NAME (Type) Yeary M. Reesen In Mr.	o StruceRael md
236. BURIAL, CREMATION. 236. DATE THEREOF 23c. NAME OF CEMETERY OF REMOVAL Specify)	R CREMATORY 23d. LOCATION (City, town, or county) (Stote)
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS TENTER	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE  DATE FR 2 '61 Outly S. Hours

may be rehanded by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in Synne funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, or remaval, and in ony event within 72 hours after death. ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hau TO HOSPITAL

VR A1S (4) 1SM 9/59



VR A1S (4) 15M 9/S9

#### MARYLAND STATE DEPARTMENT OF HEALTH

61135

	1. PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admirpton) o. STATE
	TAIDOT	Maryland Queen Anne
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN of outside corporate limits, write RURAL and give nearest town)
	EASTON 34 has samura	Church Hill
7	d. NAME OF HOSPITAL (If not in hospital, give street oddress)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
-	MEMORIA	YES NO NO
	3. NAME OF First Middle DECEASED	Lost 4. DATE Month Day Year
	(Type or print) JOSEPH HENRY	BEET ER DEATH - 30 196
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Months Doys Hours Min.
	Male Negro WIDOWED DIVORCED	1)ec. 12, 1889 7/ yrs.
	10a. USUAL OCCUPATION (Give Find of work done 10b. KIND OF BUSINESS OR INDI- during most of working life oven if retired)	0 / / / M // 6/1
	haborer habores	Queen Anne Co. 14 USA
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	John Jutles	Darah Marris
	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no. or yoknown) (If yes, give war or dates of service)	NFORMANT Address // M/
-	140 218-03-0340 (	ord Dutlet, Church Hill, Ild
1	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]	IMPERVAL BETWEEN ONSET AND DEATH
1	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	deal property jolony
	TAU DUE TO	
	Conditions, if ony, which gove rise to immediate (b)	zylo
	couse (o), stoting the under-	
7	lying couse lost. (c)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	PERFORMED?
	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I or Port II of item 18.)
	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	S. (Ellis, house of injery in roll for roll was now less)
		ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	Hour o.m. While Not while	octory, street, office bldg., etc.)
		19, to, 19, that (I) (we) lost
	sow the deceosed office on	death occurred at AAM, fram the couses and an the dote stated above.
	12/26	ATTENDING MED. STAFF SIGNED DIRECTOR PHYS.
	22c. PHYSICIAN'S	22d. ADDRESS
	NAME (Type)	
-	23a. BURIAL, CREMATION, 23b. DATE/THEREOF, 23c. NAME OF CEMETERY C	DR CREMATORY, 23d_LOCATION (City, town, or county) (Spate)
	Bury 31 2/3/1461 Church	Hill Church Hill Md
1	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	Mudest Ill A Min In Cambria	QQ / / DATEEB 3 '61 arthur S. France
E	O OUNT I	
	- JUNUXOUT	

HEAD OF STATES AND STATES Table of the second of the sec Etatoria State Vines Contact The second of th Assessment the proof of AGO Was suntained the second No - - - - word was love firther Chirch Hilly M 

FOR STATE TO DEPUTA MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any is necessary, please execute the certificate, writing the word "pending" in pendi in item 18. Give Pages 1, 2, and 3 to the fundamentary as a should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File page 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within Inclouse after death.

VS. A15ME 5M 7/59

#### MARYLAND STATE DEPARTMENT OF HEALTH

of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1149MEDICAL EXAMINER'S CERTIFICATE OF DEATH (1136

1. PLACE OF DEATH a. COUNTY				nstitution: Residence before admission)
Talbot	MARYLAND	a. STATE Mary	rland b. COUNT	Y Talbot
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)	c. LENGTH OF STAY IN 16	2. CITY OR TOWN (I	foutsida corporate limits, write	RURAL and give nearest town)
Easton	ll Yrs.	East	on	
d. NAME OF HOSPITAL OR INSTITUTION (it not in ho		d. STREET ADDRESS		IS RESIDENCE
Washington St.		113 N. Wash	nington St.	YES NO
3. NAME OF DECEASED (Type or print) Wm Paul		Callahan	4. DATE Month OF DEATH	12 1961
5. SEX 6. COLOR OR RACE 7. MARRII	ED NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In yeers	
Male   White   widowi	ED DIVORCED TO	-3-1917	4 Spirthdey) yrs.	Months Deys Hours Min.
1De. USUAL OCCUPATION (Give kind of work done during most of working life, even it retired)	None	Marylar		U.S.A.
I3. FATHER'S NAME Lawrence C. Callah	ann	14. MOTHER'S MAIDEN I	Geraldine	Lynch
5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16.	SOCIAL SECURITY NO. 17. 1	NFORMANT	Address	214 Tred Avon
(Yes, no, or unkown) (Ifyesgivawarordatesofservice)	IInlen own Fu	genia Call		n, Maryland
18. CAUSE OF DEATH [Enter only one cause for	Unknown Eu lina for (a), (b), and (c).]	genra carr	anan Easto	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	romany DU	lusion		ONSET AND DEATH
IMMEDIATE CAUSE (a)		anain		
DUE TO				
Conditions, If eny, which (b)				
(a), stating the underlying DUE TO				
cause lest. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS COL	NIKIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
				YES NO
PART II. OTHER SIGNIFICANT CONDITIONS COL	RIBE HOW INJURY OCCURED. (E	nter nature of Injury in Part	I or Part II of item 18.)	
Hour a.m. Whil	aNot While facto	CE OF INJURY (Homa, farm ory, streat, office bldg., atc.	, 20f. (City or town)	(County) (State)
21. I certify that I took charge of the ren		ld an Autonsy	Inspection , Inquiry	and in my opinion
death resulted from: Natural causes	Accident, Suici		Undetermined ma	inner [_]
	In H	CHIEF MEDICAL E		
SIGNATURE June []	VIVY	M.D. ASSISTANT MEDI		DATE SIGNED
EXAMINER'S Louis S. Welt	<b>y</b>	DEPUTY MEDICAL Address (Street, c	ity, town, or county)	January 12, '6
228. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OR		22d. LOCATION (City, town,	or country) (State)
Burial 1-16-61	St. Joseph		Cordova, Mar	yland
23. FUNERAL DIRECTOR	ADDRESS		D BY REGISTRAR   246. REGIS	
4.6. Boulass	Greensbo	ro, Md . DANAN	16'61 OALL	un S. Kraus
J.E. Boudias				

CALLED PROFITE AND STREET STREET MOTION OF MIL SOURCES IN A ACT OF A RESPECT COMMENT. Call the abiguides and the feletjan Strip Strips (major the Establishment) strips Strips The true avoided Enlance .c. T

	<b>エエリ</b>	CERTIFICA	AIL OI DEAIII	Reg. Dist. No.	
1. PLACE OF DEATH o. COUNTY	Talb	MARYLAND	2. USUAL RESIDENCE (Where deceased of STATE	b. COUNTY	mission)
b. CITY OR TOWN (I	TALD  outside corporate limits, wr	06	Maryland  Maryland	Talbot te limits, write RURAL and give nearest	town)
RURAL ond give ne		Life	St. Michael		
	AL (If not in hospital, give st		Seymour As	e. IS O	RESIDENCE N A FARM?
NAME OF	First	Middle	Lost 4. DATE	Month Day	Year
(Type or print)	JAMES	CALVIN	CAULK DEATH	January 1.	19 61
Male	7871 4 4 -	MARRIED NEVER MARRIED DOWED DIVORCED	B. DATE OF BIRTH 9 Apr11 24.1906	AGE (In years IF UNDER 1 YEAR IF U Months Doys Ho	
dusing most of work	ON (Give kind of work done ing life, even if retired)	10b. KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (State or fareign cou		AT COUNTRY?
Bookke	per	Artesian Wel	ls St. Michaels,	Md. USA	
3. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
	Caulk		Amanda Fairbar		
	R IN U. S. ARMED FORCES? (If yes, give war or dates of service)	N	informant rs. Ida S. Caulk.	Address St. Michaels,	wa
Conditions, if or gove rise to it couse (a), stating lying cause last.	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  ny, which mediate the under:  (c)	therefeles	eal Infanctee the - occlusive	caravay all	ey d.
card	ar faile	e-chaoris	in the recommendation of the recommendation	PE	RFORMED?
(IF EITHER, NOTIFY	S UNDERLING 20b. CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in Part I or Part I	Il of item 18.)	
20c. TIME OF INJUR Hour o. m. p. m.	W		LACE OF INJURY (Home, farm, 20f. (City coctory, street, office bldg., etc.)	or town) (County)	(State
ACTUAL SIGNATURE	at I attended the dec	1966, and that death	h accurred at 2 DM, from the ADDRESS (Street, M.D	ne causes and an the date stores, sity or town, state)  L=3 -60	
220. BURIAL, CREMATIO	Jan 3, 19	22c. NAME OF CEMETERY	Sit Cite III II Oil I		(Stote)
23. FUNERAL DIRECTOR		61 Christ C	nurchyard St.	Michaels Md	
S. Ham	Heton &	/arrison &	A Micka BATE JAN 6 '6		

mel

may be refained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hay permit. Then please remave carban papers. in any event within 72 haurs after death. the registrar priar ta burial, crematian, ar removal, and

TO HOSPITA VS A15 (4) 15M 9/58

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La version to another million of all vists and all vists a

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and the sales and

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cornel v Jan J. 1351 Christ Course Little 15. Lines E. Li.

(	N	Townson of the last	)=
1		/	-

fter death. Page 4

may be restrained by the hazpital ar attending physician.

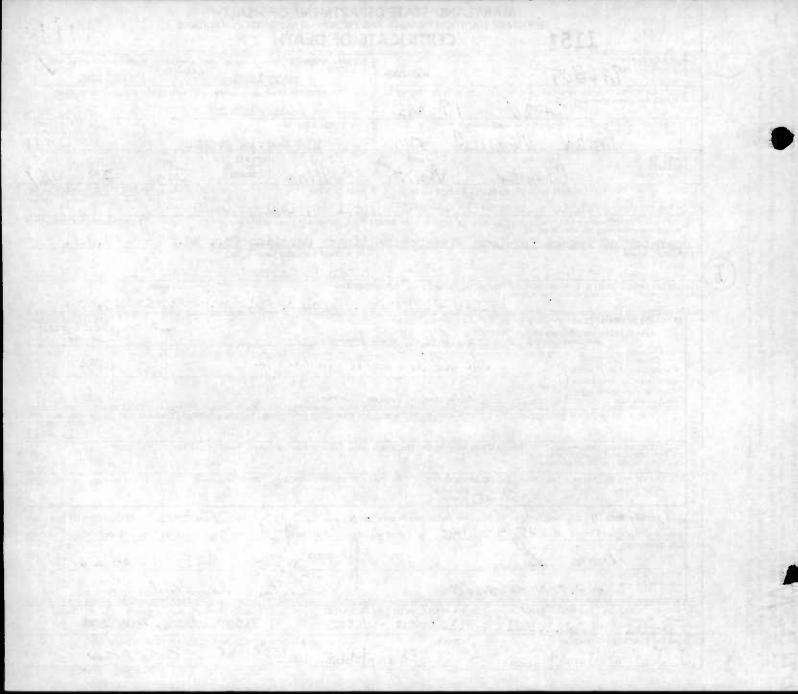
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with the State Baard of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death. TO HOSPITAL may be return

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hav

page 3 sho the State B	1
g <del>‡</del>	est.

VR A15 ( 1SM 9/5

	The same of the sa							
1. PLACE OF DEATH o. COUNTY	ALBOT		MARYLAND	2. USUAL RESID	ENCE (Where dec	eased lived. If instituti b. COUNTY		/
b. CITY OR TOWN (If RURAL and give ne	foutside carporate limi carest town)	ts, write c. LEN	17 TRS	c. CITY OR T	OWN (If outside of Federals	orporote limits, write F Sburg	RURAL ond give	nearest (Sim)
d. NAME OF HOSPIT	AL (If not in haspital, g	nemaria	1 11 40	d. STREET A	DDRESS 14 Morris	s Avenue		e. IS RESIDENCE ON A FARM YES NO
3. NAME OF DECEASED (Type or print)	Clay	tow .	Smith	Colli	ns 4. DA	ATH Jai		Day Yeor 29 196
s. sex Male	6. COLOR OR RACE White	7. MARRIED WIDOWED	DIVORCED	B. DATE OF BIRTH April 20		9. AGE (In years lost birthdoy) 59 yrs.	Months Day	EAR IF UNDER 24 H ys Hours Min
10a. USUAL OCCUPATIOn during most of work Operator of	ing life, even if retired	)				gn country) Co., Md.		J.S.A.
13. FATHER'S NAME	L TIUCAS L	at India.	PED OCTION INC		MAIDEN NAME			
Harry	Collins			Roxi	e Smith			
1S. WAS DECEASED EVER			L SECURITY NO. 17.	NFORMANT		Add	Iress	The state of
No	in yes, give wer or oures or s		16-7108	irs. Haze	1 B. Col	lins, Feder	ralsburg	5, 11d.
	TH [Enter anly one co TH WAS CAUSED BY:	100	o), (b), and (c).]	rilan				INTERVAL BETWEEN ONSET AND DEATH
420 Conditions, if a	10	old	autur-ne	stal in	Larchon			3jes.
gove rise to it couse (o), stating lying couse lost.		(2	en any The	ne basis				
PART II. OTH	ER SIGNIFICANT CON	IDITIONS CONTRI	BUTING TO DEATH BU	T NOT RELATED TO	THE TERMINAL DI	SEASE CONDITION GI	VEN IN PART 1(	19. WAS AUTOP PERFORMED? YES NO
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE H	OW INJURY OCCURR	ED. (Enter noture of	injury in Port I o	r Port II of item 1B.)		
20c. TIME OF INJUR Haur o. m. p. m.	Y Month, Day, Ye		lot while	LACE OF INJURY (I octory, street, office	bldg., etc.)		(Coul	nty) (Sto
	et (I) (this hospitol	1. 1-	e deceosed from		C 30 /	to 29 /24		that (I) (we) la
	euston Sta	Wi Ken		M.D. PHYS.	MED. DIRECTOR	STAFF PHYS.	29	22b. DATE SIGN
22c. PHYSICIAN'S NAME (Type)	HURSTON.	HA RRISO	N	22d. ADDRE	Carpen,	Mary law	~	
23a. BURIAL, CREMATIO REMOVAL (Specify)	Feb.1,1		NAME OF CEMETERY	or crematory emetery		ocation (city, town, ederalsburg		(Stote)
24. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS TEGEN	RAISburg	2So. REC'D BY R	tod	istrar's signi	



VR A15 (4) 1SM 9/59

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MADVIAND STATE DEPARTMENT OF HEALTH

	11	TARTEAND STATE DEPARTMENT OF HEALTH
	DIVISION	OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAN
11		CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY TAL RAF MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE  b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write   c, LENGTH_OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
RURAL and give nearest tawn) PASTON 19 days	En=6 6 Md )9
d. NAME OF HOSPITAL (If not in hospital, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE
OR INSTITUTION	ON A FARM?
MSION MEMORIAL MOSP	1 12 HANSON YES NO E
3. NAME OF DECEASED (Type or print) A X ANGEL	Cooper Jan 31 196
S. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
MIDOWED DIVORCED	last birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
during mast af working life, even if retired)	maguland 11.10
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	FORMANT Address
(Yes, no, ar unknown) (If yes, give war or dates of service)	POUIESS AUGUSTS
18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)  Cerelia	el Mintono acute
333 X DUE TO CO	
Conditions, if ony, which)	& Astronocherche
gove rise to immediate	Commercial Control
couse (o), stoting the <u>under-</u>   DUE TO	D. 100-0
, (0)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	PERFORMED?
	reliefo YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture as invory in Part I or Port II of item 18.)
	ACE OF INJURY (Hame, form, 20f. (City or town) (County) (Stote)
Hour o. m.  While Not while at work at work	tory, street, affice bldg., etc.)
	1/12 -61 1/2 -61
21. I certify that (I) (this hospital) attended the deceased from	- 12
	eoth accurred at 12.M, from the causes and on the date stated above.
220. SIGNATURE	ATTENDING MED. STAFF SIGNED
	W.D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S NAME (Type) T Pol codom M D	22d. ADDRESS
L. J Eglseder M. D.	Easton, Maryland
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF	R CREMATORY 23d. LOCATION (City, town, or county) (State)
BEMOVAL (Specify) 3/4/100 To Asset	(em. Trappe and
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. RECOBY REGISTRAR 25b. REGISTRAR'S SIGNATURE
De = 6 (16 / 10) & +	Cirching & House
yemes as knowled as an	DATE

FURN LINE IN HAVE TO

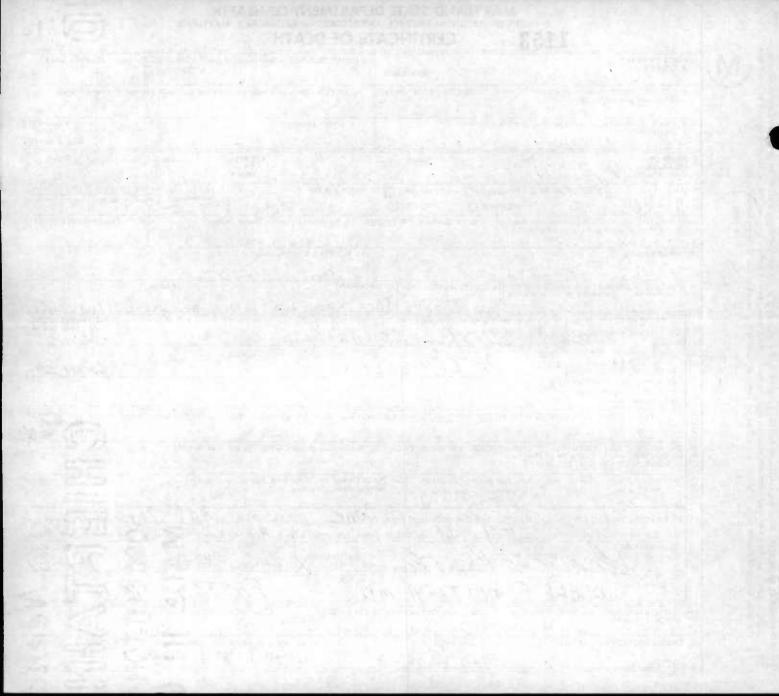
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

		-
153	CERTIFICATE OF DE	Α

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4 : 5	TEOD CERTIFICATE OF DEATH	
Poge led virte (M)	1. PLACE OF DEATH O. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. STATE D. COUNTY  D. COUNTY	
erol be fi	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
2 shauld	d. NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  OR A FAR  YES NO	M?
in 24 hour	3. NAME OF DECEASED (Type or print) Mr. Howard Modele (Type or print) Mr. Howard Modele (Type or print) DeceaseD (Type or	5/
pletely fille	S. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED S. DATE OF BIRTH  WIDOWED DIVORCED NEVER MARRIED	HRS.
an pape 2 haurs	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  11b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE (Stote or foreign country)  13. BIRTHPLACE (Stote or foreign country)  14. BIRTHPLACE (Stote or foreign country)	ITRY?
icate be vsicion o vve carb within 7	13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 117. INFORMANT  Address	
th certif	(Yes, no, or unknown) Ill yes, give war or dates of service) 216-09-4499 Mr. Prase Dobson Oxford, Maryla	ng
of the often Then plec	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  ADTICULA TO COLOR OF THE PHRITIS  ONSET AND DEATH OF THE	
equires th no. signed by it permit. r removol,	Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.  (b) HRTEKIO SCLEROSIS  (c) DUE TO	
N: The law re Jing physicior are has been burial-transi cremation, ar	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTO PERFORME YES NO	OPSY D?
stending attending attending or the buriel, crearing or the buriel, crearing attending to the buriel, crearing attending to the buriel or the	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	<u></u>
physical or of this certain or to but or to bu	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. 19 Of work of work 19 Of work	Stote)
TENDING the hosp OR: After stached f ealth pri	21. I certify that (I) (this haspital) attended the deceased fram. VOIE	ave.
A AT A D A D A D A D A D A D A D A D A D		GNED
O HOSPITAL may be referred o FUNERAL DIR poge 3 should the Stote Board	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote)	
TO HOSP may be TO FUNE poge 3 the Stot	Bremoval, (Specify) Jans, 9, 1961 Oxford Cemetery Oxford, Mary and 24. Funeral director's signature address 250. REC'D BY REGISTRAR'S SIGNATURE	
VR A1S (4) 1SM 9/59	Marrice E. Newway + Sow Easton, Md. DATE JAN 12'61 arily S. Thomas	



#### FOR STATE HEALTH DEPT

director. Page is necessary, TO DEPUTA MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any

please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funds. director. Page 4, should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your tiles.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. The pages 1 and 2 with the State Board of the Not or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 7/59

#### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 15 DEATH

		6 h -
1. PLACE OF DEATH  o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence belock	sion)
TALBOT MARYLAND	MARYLAND 6. COUNTY TALBOT	
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
writa RURAL and give nearest town) EASTON	TII GHMAN	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS   e. IS RESIDI	
E.DOVER ST.	CANNERY SHACKS	
3. NAME OF First Middle	Last 4. DATE Month Dey Year	1
(Type or print) WILLIAM	DOZIER DEATH JAN. 1 1961	
	8. DATE OF BIRTH 9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24	-
7. MAKRIED NEVER MAKRIED	A S	Ain.
WIDOWED DIVORCED	7-10-12 68 yrs.	
done during most of working life, avan if retirad)	TRY 11. BIRTHING CE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY	VTRY?
LABORER SEAFOOD	110vila USA	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Million	Interne	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown)   (If yesgive was orderes of service)	INFORMANT Address	
1. 48-01-6079	Manue Tavensa Victiman M	1
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEE	N
PART I. DEATH WAS CAUSED BY:    MARCHINE   M	HEMORRHAGE RECURRENT	H
443 X DUE TO	LINGUINIAGE REGORNERS	
Conditions, if any, which (b)		
geve rise to immediate cause		
(a), stating the undarlying DUE TO		
causa last. (c)	TOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTO	
FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT N	PERFORME	
- Lander Control of the Control of t	YES NO	
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTIONS CONT	(Enter neture of injury In Pert I or Pert II of item 18.)	
20c. TIME OF INJURY Month, Day, Yeer   20d. INJURY OCCURRED   20e. PL	ACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Steh	e)
	ctory, street, office bldg., etc.)	
21. I certify that I took charge of the remains described above, h	neld an Autopsy , Inspection , Inquiry , and in my opini	
		on
Geam resulted from: Accident [ ], Sur		
ACTUAL LANGE MAINTE	CHIEF MEDICAL EXAMINER	
SIGNATURE This INVILLY	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED	)
EXAMINER'S WELLY	DEPUTY MEDICAL EXAMINER X	
14APIE (17pa)	Address (Streat, city, town, or county)	
228. BURIAL, GREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY C		
1-11-61 / Celiardo	Com Usta Ind	
23. FUNERAL DIRECTOR SADDRESS	24a. REC'D BY REGISTRAR   24b. REGISTRAR'S SIGNATURE	
James Wisheller Isten	Med DATE IAN 16'61 CLE RX	
	Cuthur S. House	

100 11 6 73 a Biralit -----Same Salter Sound Mill Harris Mark District Control YILL 1 1 - 1 - 1 sold the said the 0-15 Bress Sheet Stone Latina Dien and American Mills and Later

TO DEPUTA MEDICAL EXAMINER. This certificate should be executed within 24 hours after death. If any please execute the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the fune or director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your-files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Hopelly, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/S9

## FOR STATE

	MARYLAND STATE DE	EPARTMENT OF HEALTH	
		301 W. PRESTON STREET, BALTIMORE 1,	MARYLAND,
1155 MED	DICAL EXAMINER'S	CERTIFICATE OF DEATH	(,1

141

a. COUNTY	2. USUAL RESIDENCE (Where deceased fived, if institution; Residence before admission)
Talbot MARYLAND	*. STATE Maryland b. COUNTY Talbot
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  rural-Skipton  min.	c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town)  2 9 Easton
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS   a. IS RESIDENCE
on a Farm	S. Hanson Street
3. NAME OF First Middle	Lasi 4. DATE Month Day Year
DECEASED (Type or print)	OF
Omet	Dulin DEATH January 29 19 61  B. DATE OF BIRTH 19. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
7. MARKIED NEVER MARKIED	July 9, 1897  9. AGE (In years   F UNDER 1 YEAR   IF UNDER 24 HRS.   Months   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Farming-ret. Agriculture	Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Dulin	Emily Calloway
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. 1 (Yes, no, or unknown)   (Ifyesgivewerordetesofservice)	
no none 216-18-206 Mr	s. Lelia Dulin, Easton, Maryland
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  GSW-HEAD	ONSCI AND DEATH
176 V DUE TO	
Conditions, if any, which (b)	
geve rise to immediate cause	
(e), stelling the underlying	
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)   19. WAS AUTOPSY
ē i	PERFORMED?
200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (I	Enter neture of Injury In Pert I or Pert II of item 18.)
PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	enter nature of injury in reft i or reft ii of item to.)
3 20c. TIME OF INJURY Month, Dey, Year   20d. INJURY OCCURRED   20e. PLA	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete)
© 10A p.m. 1-29-61b et work □ et work ☑	FARM SKIPTON TALBOT MD
21. I certify that I took charge of the remains described above, he	
death resulted from: Natural causes , Accident , Suic	cide X, Homicide , Undetermined manner
1 Mel	CHIEF MEDICAL EXAMINER
SIGNATURE X MM / NUCLI	M.D. ASSISTANT MEDICAL EXAMINER  DATE SIGNED
EXAMINER'S	DEPUTY MEDICAL EXAMINER
NAME (Type) Louis S. Welly, M.D.	Address (Street, city, town, or county) January 30, 1961
22e. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, town, or country) (State)
Burial Feb.1.1961 Spring Hill	Cemetery Easton, Maryland
23 FUNERAL DIRECTOR ADDRESS	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
W Trampton and Easton	1, Md. DASEB 3 '61 arthur S. Horans
W. Frampton Carroll	

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RE. JE TENNET ST.			e electro i de la
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TO HOSPITAL & ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be resolved by the haspital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in top-me funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death.

VR A1S (4) 1SM 9/S9

N	ARYLAND	STATE	DEF	ARTM	ENT	OF I	HEAL	TH	
ION	OF STATISTICAL	. RESEARCH	AND	RECORDS	[	BALTIMO	ORE 1,	MARYLAND	)
	CE	RTIFIC	ATE	OF D	EA	TH			

DIVIS

	156	CERTIFIC	ATE OF DEA	TH		(.1)	149
1. PLACE OF DEATH a. COUNTY, TALBO	T	MARYLAND	G STATE	CE (Where deceased liver RYLBND	ed. If institution: Re b. COUNTY	ALBO T	nissian)
b. CITY OR TOWN (If autside RURAL and give nearest to	carporate limits, write	c. LENGTH OF STAY IN 18	c. CITY OR TOW	N (If outside corporate	limits, write RURAL	and give nearest to	own)
d. NAME OF HOSPITAL (If no	t in hospitol, give street of	l Has pital	d. STREET ADDR	ESS	AVE	10	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type ar print)	First	w William	Tish	4. DATE OF DEATH	Month	20,	Year 19 6
S. SEX 6. CO	OR OR RACE 7. MARR	1 /	B. DATE OF BIRTH	1877	AGE (In years ost birthday)  Mon	nder 1 YEAR (F Un oths Days Hou	1
10a. USUAL OCCUPATION (Give during most of working life,	kind of work done 10b. even if retired)	KIND OF BUSINESS OR INC	OUSTRY 11. BIRTHPLACE	(State ar foreign count	7) 12	C.CITIZEN OF WHA	T COUNTRY?
13. FATHER'S NAME	- 15HER		14. MOTHER'S MAI	DEN NAME	VIGTO	N	
15. WAS DECEASED EVER IN U. (Yes, no, or unknown) (If yes, giv	S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17	INFORMANT	Thom CH	OF THUK 95 TON	MO.	-
18. CAUSE OF DEATH [En	/	(e. f (a), (b), and (c).	occlus.	1017			BETWEEN ND DEATH
Canditians, if any, whi gove rise to immedia cause (o), stating the und lying cause last.	ch (b)	rispete	s, me	Mitus			
PART II. OTHER SIGN  200. ACCIDENT WAS UNDER OR CONTRIBUTING  OR CONTRIBUTING  CAL  (IF EITHER, NOTIFY MEDICAL	IIFICANT CONDITIONS C	ONTRIBUTING TO DEATH B	UT NOT RELATED TO THE	TERMINAL DISEASE CO	ondition given in	PE	AS AUTOPSY REORMED?
	ISE OF DEATH	CRIBE HOW INJURY OCCUR	RED. (Enter noture of inju	ory in Port I ar Part II o	of item 1B.)		
20c. TIME OF INJURY Man Haur a. m. p. m.	th, Day, Year 20d. IN While 19 at worl	Nat while	PLACE OF INJURY (Hame factory, street, affice bld		tawn)	(Caunty)	(Stote)
21. I certify that (I) saw the deceased ali	3.17-00/16	1,6	death accurred at	1925 ta		19, that (I the date stat	ed abave.
220. SIGNATURE	Afoli.	-l	M.D. ATTENDING PHYS.	MED. DIRECTOR   F	STAFF HYS.	20 Janua	22b, DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	: H. Sct	midt	22d. ADDRESS	ester,	Mary	brd.	
230. BURIAL, CREMATION, 23b REMOVAL (Specify)	DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY		(City, tawn, ar cau	mty) (S	itote)
24. FUNERAL DIRECTOR'S SIGNA	TURE COM	ADDRESS	M =	REC'D BY REGISTRAR	25b. REGISTRAR		

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

(1143

220				7 7.
1. PLACE OF DEATH o. COUNTY Talbot	MARYLAND	2. USUAL RESIDENCE (Who STATE Maryland	ere deceased lived. If instituti b. COUNTY	on: Residence before admission)  Talbot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Tilghman	c. LENGTH OF STAY IN 16		utside corporote limits, write R	
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	A	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NOTE
3. NAME OF DECEASED (Type or print) William Howard		Last	4. DATE Mor OF DEATH Jan	29 1961
S. SEX Male  6. COLOR OR RACE White Widowi	ED DIVORCED	8/11/1886	9. AGE (In yeors last birthday) 74 yrs.	Months Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Waterman  Oy	kind of Business or Indu	Maryland		U.S.A
13. FATHER'S NAME  Ernest Frampton		Josephine		
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. (Yes. no. or unknown)   (If yes. give war or dates of service)		NFORMANT	Frampton, T	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate cause (a), stating the <u>under-</u> lying cause lost.  C  PART II. OTHER SIGNIFICANT CONDITIONS (c)	CONTRIBUTING TO DEATH BUT	CHARLES TO THE TERMI	NAI DISEASE CONDITION GIV	VEN IN PART I(a) 19. WAS AUTOPS)
CATIC	CRIBE HOW INJURY OCCURRE			PERFORMED? YES NO
Zoc. TIME OF INJURY Month, Doy, Year 20d. I Hour a. m. 19 While p. m. 19	Not while fo	ACE OF INJURY (Home, form ctory, street, office bldg., etc.	20f. (City or town)	(Caunty) (State
21. 1 certify that (I) (this haspital) attends saw the deceased alive an Lagrange 2.	0/./	1 1		A., 19
22a. SIGNATURE PER ALL RECEIVED TO C. PHYSICIAN'S	sers	M.D. ATTENDING MI PHYS. DI	ED. STAFF PHYS.	22b. DATE SIGNE
NAME (Type) GUY M R	EESER SY	Tillas	DIN ALL	nek
23b. DATE THEREOF REMOVAL (Specify) Burial 2/1/1961		thodist	23d. LOCATION (City, town, Tilghman	Md.
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC'		ISTRAR'S SIGNATURE

TO HOSPITAL C ATTENDING PHYSICIAN: The tow required may be reformed by the haspital or otherding physician.

To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, to FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the filled in the filled with page 3 should be detached for use as the burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL

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#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1158

1.	PLACE OF DEATH a. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residen a. STATE b. COUNTY	ce before admission)
-	b. CITY OR TOWN (If autside carporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporate limits, write RURAL and	
	RURAL and give nearest town)	11 2015	Preston - Rural	give neurest town)
-	d. NAME OF HOSPITAL (If not in haspital, give street	address)	d. STREET ADDRESS	e. IS RESTDENCE
	OR INSTITUTION	40-141	R.F.D. 057	ON A FARM? YES NO
	1.1ethorial II	03/1/41		
3.	NAME OF DECEASED (Type ar print) Hannah	Middle Clara (	Godow 4. DATE Month OF DEATH January	8 19 G/
S.	SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED		1 YEAR IF UNDER 24 HRS.
	Female White WIDOW	ED DIVORCED	February 20, 1884 76 yrs. Months	Days Haurs Min.
10	a. USUAL OCCUPATION (Give kind of work dane 10b	KIND OF BUSINESS OR INDU	STRY 11. BtRTHPLACE (State or foreign country) 12.CIT	ZEN OF WHAT COUNTRY?
	during mast of warking life, even if retired) Housework	Home	Abilene, Kansas U	S.A.
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	Gottlieb Nagel		Rosina Oetliker	
	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17. IN	NFORMANT Address	
('	es, no, or unknown) (If yes, give war or dates of service)	None V	Villiam F. Gadow, Preston, Md., 1	R.F.D.
	PART I. DEATH Enter only one cause per I  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last.  (c)	arline faile	abolini	INTERVAL BETWEEN ONSET AND DEATH 27 Cir.
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS	The way	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
		SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Part II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 While at wa	6-	ACE OF INJURY (Home, form, 20f. (City or town) (ctary, street, affice bldg., etc.)	County) (State)
	21. I certify that (I) (this haspital) attensaw the deceased alive an		death accurred all M, from the causes and an the	, that (I) (we) last e date stated abave.
	220. SIGNATURE Herris	·	M.D. PHYS. MED. STAFF PHYS.	22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) THURSTON	HARRISON	7 22d. ADDRESS has Mary land	<i>V</i>
23	o. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial Jan.11,1961	23c. NAME OF CEMETERY C Hill Crest		yland (State)
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS ho	250. REGID BY REGISTRAR 25b. REGISTRAR'S SI	

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#### MARYLAND STATE DEPARTMENT OF HEALTH

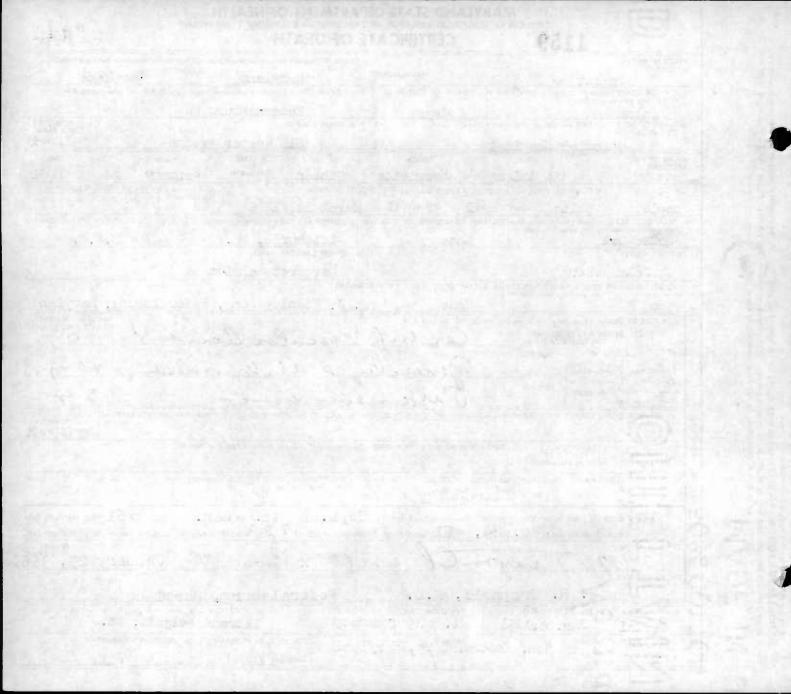
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1159

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	2200						
1. PLACE OF DEATH a. COUNTY	albot	MÄRYLAND	2. USUAL RESIDE	ENCE (Where deceased Maryland	d lived. If institution b. COUNTY	n: Residence befo	/
	(If autside carporate limits, w	crite c. LENGTH OF STAY IN 16	c. CITY OR TO	OWN (If autside carpo Federalsbu		JRAL and give ne	arest lawn)
	PITAL (If nat in haspital, give s		d. STREET AD	DRESS			e. IS RESIDENCE ON A FARM?
M	emorial Hospit	tal	<u> </u>	213 Vesper	Avenue		YES NO
3. NAME OF DECEASED (Type or print)	First Magdale	Middle ena Henrietta	losi Gibso	4. DATE OF DEATH	Janua:		oy Year 1961
5. SEX Female	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED  DOWED TO DIVORCED	8. DATE OF BIRTH	1, 1882	9. AGE (In years last birthday) 78 yrs.	Manths Days	R IF UNDER 24 HRS. Haurs Min.
	11.0-0-0-0-0	10b. KIND OF BUSINESS OR INDL				12. CITIZEN O	F WHAT COUNTRY?
Housewo:	irking life, even if retired)	Home	Pitts	burgh, Pa.		U.S	.A.
13. FATHER'S NAME			14. MOTHER'S				
John	Weber			aret Schmi			
15. WAS DECEASED EV (Yes, no, or unknown)	/ER IN U. S. ARMED FORCES?  (If yes, give war or dates of service		NFORMANT		Addr	ess	
No	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	None M	irs. J. St	canley Long	. Federal	lsburg,	Maryland
Candilians, if gave rise ta cause (a), stating lying cause last	g the <u>under-</u> DUE TO (c)	General	ligil rsons	arter	isseles		2 m - 12 m 5
PART II. O  PART II. O  PART III. O  OR CONTRIBUTION (IF EITHER, NOTIF		ons <u>contributing to death</u> bu		THE TERMINAL DISEAS		EN IN PART 1(o)	PERFORMED? YES NO
	VAS UNDERLYING [] IG [] CAUSE OF DEATH Y MEDICAL EXAMINER)	o. DESCRIBE HOW INJURY OCCURRI	ED. (Enter nature af	injury in Part I ar Par	rt II af item 1B.)		
20c. TIME OF INJU	. 10		LACE OF INJURY (Hactory, street, affice	ame, farm, 20f. (City bldg., etc.)	y or tawn)	(County)	) (Stale)
saw the dece		ttended the deceased fram 24, 19 <b>61</b> , and that					e stated abave.
22a. SIGNATURE	min	mel	M.D. ATTENDING	DIRECTOR [	STAFF PHYS.	January	25, I 96
22c. PHYSICIAN'S NAME (Type)		pnell, M.D.	22d. ADDRES	ss eralsbur	z. Maryl	and	
REMOVAL (Specif	981.40, Tac		or CREMATORY metery	23d. LOCA	TION (City, tawn, o	ar caunty)	(State)
24. FUNERAL DIRECTO	r's signature son,	Federal Sburg, Man	ryland	25a. REC'D BY REGIS		STRAR'S SIGNATU	

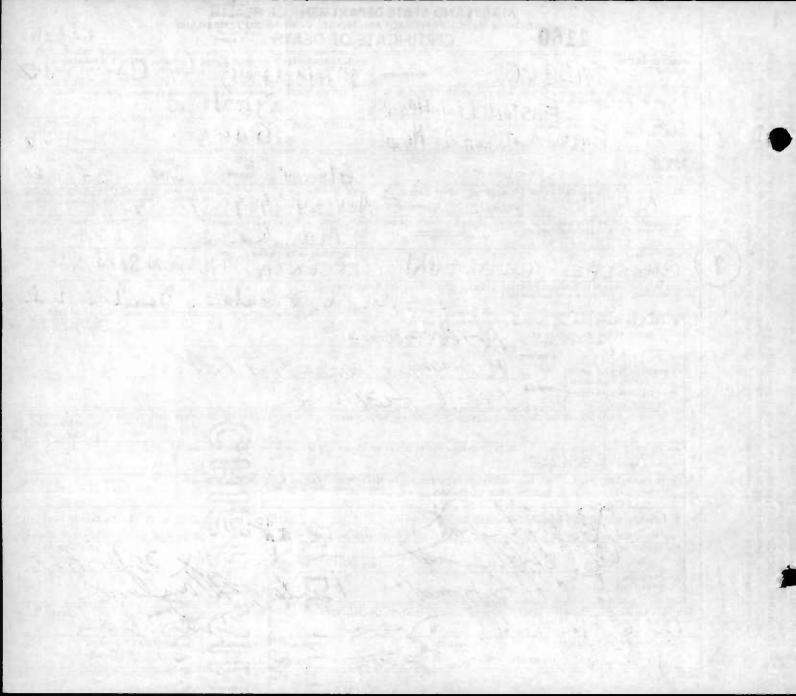
fter death. Page 4 ne funeral director, may be reharmed by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by page 3 should be detached for use as the burial-transit permit. Then please remove corby n papers. Pages 1 and 2 the State Board of Health prior to burial, crematian, or remayal, and in any event within 72 hours after death. ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hour TO HOSPITAL VR A15 (4) 15M 9/59



(1146

Page director	1)	1. [	ALBOT MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE OF LAND b. COUNTY CA	ROLDNE
funeral fund be		ŀ	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) EASTON 9 hrs. 40 mills.	ve nearest fawn)
d 2 sha	80		d. NAME OF HOSPITAL OF not in hospital, give street address) OR INSTITUTION EASTON Memorial Hosp.  d. STREET ADDRESS  GAY ST.	e. IS RESIDENCE ON A FARM? YES NO
thin 24 ha ly filled in Pages 1 an death.			NAME OF DECEASED Type or print)  Name of Last 4. Date OF DEATH  JAN.	25, 19 6/
pletely ers. Pag after de		5. 9	M WIDOWED DIVORCED NOV 24, 1959 lost biethday) yrs. 2	YEAR IF UNDER 24 HRS Days Hours Min.
and cam oan pape	1		during mast af warking life, even if retired)  Maryland	EN OF WHAT COUNTRY
e b		3.	CHARLES CLEATON ERGENTA ROBINSO	N
n certificating physici e remave event, with	<u> </u>		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or doles of service) 17. INFORMANT (If yes, give wor or doles of service) 17. INFORMANT (If yes, give wor or doles of service) 17. INFORMANT (If yes, give wor or doles of service) 17. INFORMANT (If yes, give wor or doles of service) 17. INFORMANT (If yes, give wor or doles of service) 17. INFORMANT (If yes, give wor or doles of service) 17. INFORMANT (If yes, give wor or doles of service) 17. INFORMANT (If yes, give wor or doles of service) 17. INFORMANT (If yes, give wor or doles of service) 17. INFORMANT (If yes, give wor or doles of service) 17. INFORMANT (If yes, give wor or doles of service) 17. INFORMANT (If yes, give wor or doles of service) 17. INFORMANT (If yes, give wor or doles of service) 17. INF	ow, led
attendi on pleas			18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH
ed by the rmit. The laval, and	/		Conditions, if any, which) (b) PU/177017237 CO194 Differs Colore	
require ian. n signed nsit pern ar remor			gave rise to immediate cause (a), stating the under-lying cause last.	
physici pas beer rial-tran		CATION	PART II. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
tending ificate h the bur	~	L CERTIF	20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 or filter 18.)	
PHYSIC al ar at this cert r use as r ta buri		MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m.  p. m. 19 While Nat while at wark	aunty) (State
NDING e haspit : After iched fa Ith prior			21. 1 certify that (1) (this hospital) attended the deceased fram	
ATTE J by th RECTOR be deta of Hea			22a. SIGNATURE OLL HALL ATTENDING MED. STAFF 25 V. 25 V. M.D. PHYS. DIRECTOR PHYS.	22b. DATE SIGNE
referre RAL DIR should be			22c. PHYSICIAN'S F. C. H. Schmidt 22d ADDRESS May Elling Con	
may be re page 3 sh the State			BURJAL, CREMATION, 23. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, Jown, or county)	(State)
VR A15 (4)	8	24.	ADDRESS DATE DATE DATE DATE OF SIGNATURE DATE OF	



FOR STATE TO DEPUTA MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any please execute the certificate, writing the word "pending" in pencil in Item 18 Give Pages 1, 2, and 3 to the fune a director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1, and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 7/59

### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	1	161 MEL	DICAL	EXAMINER	S CERTI	FICAT	E OF	DEATH		(i)	47
	PLACE OF DEATH	TOT					CE (Where dec		institution; Resid	ence before	edmission)
	Talbot			MARYLANI	e. STATE	vland		Tal			
	b. CITY OR TOWN (if	outside corporete limi give neerest town)	ts,	c. LENGTH OF STAY IN					RURAL end giv	e neerest to	vn)
	Tilghman	1		Life		hman					
				pitel, give street eddress)	d. STREET	ADDRESS				ON	A FARM?
3	Tilghr NAME OF	nan Narro	WS	Middle	Last		4. DATE	Month	De	YES Yes	NO X
0.	DECEASED (Type or print)	P. D. 1999			1111111111		OF DEATH	Monif			
c	SEX	Edw	ard	A. Gowe	8. DATE OF BIR	TU		AGE (In years	IF UNDER 1 YEA	ARTON CHINA	61 R 24 HRS.
٥.	3EA	o. COLOR OR RACE		D NEVER MARRIED	0. DATE OF BIR	oda(	9.	last birthday)	Months Days	Hours	Min.
10-	Male	White	WIDOWE		1 2/10/.	1876		84 yrs.			1
do	ne during most of wor	ON (Give kind of work king life, even if retire	d)	IND OF BUSINESS OR INDU	STRY 11. BIRTHPL	LA CE (Stete	or foreign cour	ntry)	12. CITIZEN	OF WHAT	COUNTRY?
	Waterman			Seafood		rylan			U.	3.A.	
13.	FATHER'S NAME				14. MOTHER	'S MAIDEN	NAME				
	Soloman					an Ba	aker				
		R IN U.S. ARMED FOR		SOCIAL SECURITY NO. 17	. INFORMANT			Address			
	No			UKNI	Ars. Cha	arles	G. Sr	nith, S	Filghma	an, M	d.
			cause per l	ine for (e), (b), and (c).]	1					NTERVAL BE	
	PART I. DEATH	MAS CAUSED BY:	uc	cidental a	rom	my				DINGEL AIND	DEATH
	929	<b>Q</b> DUE TO				1					
	Conditions, a eny	which ) (b)							180		
	geve rise to immedia	ate couse					174.44				
	(e), sletting the uncause lest.	derlying									
z		SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE C	ONDITION GIV	EN IN PART 1(e)	19. WAS /	AUTOPSY
CERTIFICATION										YES T	DRMED?
FIC	20a. EXTERNAL CA	USE WAS 2	Ob. DESCR	BE HOW INJURY OCCURED	). (Enter nature of I	niury In Per	t I or Part II of	item 18.)		153	МО Ц
CERT	PRIMARY OF COL	NTRIBUTING									
	20c. TIME OF INJUI	RY Month, Day, Ye	er 120d	INJURY OCCURRED   200.	PLACE OF INJURY	(Home form	n, : 20f. (Clty	or town)	(County)		(Slale) /
MEDICAL	Hour e.m.	1. 11	While	Not While	factory, street, office	e bldg., etc.	1 -1	. /	Talbo	+	h
×	C/YCCh p.m.	1 196		ains described above,			Inspection	, Inquir	70	d in my d	7719
						domicide		letermined m		d iii iiiy c	pillion
	death resulted in	rom: Natural ca	uses	Accident X S				esermined in	antier		
	ACTUAL	Louis	In	itt.	A SSI		EXAMINER [	e 🗀		DATE SIG	ENED
	SIGNATURE	1-1100/	11 44	y	M.D.		L EXAMINER			1	
	EXAMINER'S NAME (Type)	].	NEL	TV			city, town, or c	-	/	1-/1-	6/
228	BURIAL, CREMATIO REMOVAL (Specify)	1		22c NAME OF CEMETERY	OR CREMATORY		22d. LOCATI	ON (City, town	, or country)	(SIe	le)
	Burial	The second second	161		Cemeter		Tilgl	nman	TATO		
23	. FUNERAL DIRECTOR	1	/ ,,	ADDRESS	HAZ DE				ISTRAR'S SIGNA		
1	11- 136	46 600 1/2h	LLS.	t. Michael	a. Md.	DATEJA	N 13'61	Cla	Thun S. Kr	und	

WE DESCRIBED ONE WHITE DAY AND THE RESIDENCE . The Health, and the state of to a finish the state of the state of

TO HOSPITAL

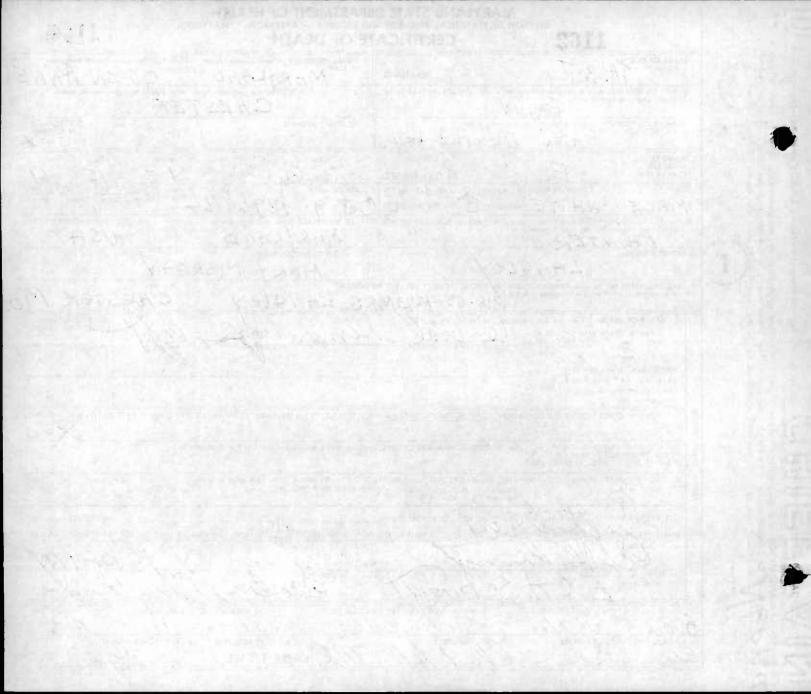
VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1162

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U	A.	1	4	8

	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	a. COUNTY ALBOI	MARYLAND	O. STATE MARTLAND	COUNTY QUEEN HINE
	b. CITY OR TOWN (If autside carporate limits, write	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If butside carporate lim	nits, write RURAL and give nearest tawn)
	RURAL and give nearest tawn) EASTON		CHES	TER
	d. NAME OF HOSPITAL (If not in haspital, give street	address)	d. STREET ADDRESS	e. IS RESIDENCE
3	OR INSTITUTION EASTON MC	morial Hosp.		ON A FARM?
	. NAME OF First	/ Middle	Olost 4 4. DATE	Month Day Year
	(Type or print)	No.	Jaga Cur. OF DEATH	1 - 15 1961
-	19401/1	RIED NEVER MARRIED	(14/14/14)	E (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
	MALE WHITE WIDOW		Oct 9- 199/ 19	birt/day) Manths Days Haurs Min.
1	0a. USUAL OCCUPATION (Give kind of work done 10b.		STRY 11 BIRTHPIACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	during most of working life, even if retired)	KIND OF BOSHALSS OK HADOS	KIDP I ANIS	1/CA
1	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	0317
1	1ANC18	<b>\</b>	/ 1 .	eren
1	WAS DESCRISED BY BY A SAMED FORSESS AND	Too sun er sunitsu sun laz sa	IFORMANT /	RGAN
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 164 Yes, no, or unknown) [(If yes, give wor or dates of service)]	/	0-10-101-1	Address CHOSTOR MI
		18-03-4273M	RS. LANGLEY	Chester 1
	1B. CAUSE OF DEATH [Enter only one cause per li	ine for (a) (b), and (c)	1.00	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	welltow 1	comming of	allfy T
	5 5 DUE TO		/ /	//
	Conditions, if any, which ) (b)			
	gave rise to immediate cause (a), stating the under DUE TO			
	lying couse last. (c)			
	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	5			YES NO
Street,	PART II. OTHER SIGNIFICANT CONDITIONS  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CIFETHER, NOTIFY MEDICAL EXAMINER	CRIBE HOW INJURY OCCURREN	D. (Enter nature of injury in Part I ar Part II of i	tem 1B.)
			ACE OF INJURY (Hame, farm, 20f. (City or taw	(Caunty) (State)
	Haur a. m. 19 White at wa		tery, street, affice bldg., etc.)	
	11.1 411 11	A2	10	30 4 40 4 11 4
	I W W W WAY I	ded the deceased from	221	, 19, that (I) (we) last
	sow the deceased eage on 22g, SIGNICTURE?	ond that d	eoth occurred at 7 AM, from the c	auses and on the date stated above.
8	ON INGO MA	10/	M.D. ATTENDING MED. STA	FF / / / / / / / / / / FF
	22c. PHYSICIAN'S	- 41	M.D. PHYS. DIRECTOR PHY	10 19111101
	NAME (Type) + C + S(	1 transit	O Bla Van	Mon the sex
	1 10110	21/11/19/	Leg e	
1	30 BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	11	City, tawn, ar (state) (State)
4	DURIA 1/1//6/	Slevensull		
1	4. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS (100)	25a. REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE
1	offer & dane to	herek Hell	1020, DAWAN 1 1'61	Cirthur S. Krous



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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MAI

1163

CERTIFICATE OF DEATH

	1	4	19	9
	7	30	48	13
U	with.		-	01

		COUNTY 7/5	albot		MARYLAND	2. USUAL RESIDE	NCE (Where deced	sed lived. If institu b. COUNT		before admiss	sion)
		RURAL ond give ned	EAST	on 9.	days,	c. CITY OR TO	WN (If outside cor	porote limits, write	RURAL and giv	re nearest town	×-
1	] d	or institution	AL (If not in hospital, gives to N Mé	e street oddress)	1 Hosp	d. STREET AD	DRESS R.	7.10.			FARM?
	3. N	NAME OF DECEASED Type or print)	Berthi	7	E. L	refluore	4. DATE OF DEAT	4	onth 7p4	20	Year 19 <i>6</i> /
	S. Si	re	Ca/	MARRIED NE	DIVORCED	8. DATE OF BIRTH	14/1893	9. AGE (In year last birthdoy)	Months D	YEAR IF UND	Min.
1	100.	USUAL OCCUPATION during mast of worki	N (Give kind of work do ng life, even if retired)	10b. KIND OF B	SUSINESS OR INDI	STRY 11. BIRTHPLAN	CE (State or fareign	Med.	12. CITIZE	EN OF WHAT	OUNTRY?
	)3. F	FATHER'S NAME	7-00	17tha	nod	14. MOTHER'S A	MAIDEN NAME	. Ca	very		
_	15. \ (Yes.	WAS DECEASED EVER	IN U. S. ARMED FORC f yes, give war or dates of sen	ES? 16. SOCIAL SE	CURITY NO. 17.	Trime	is s	tunpor	dress D	- Julian	D.
	CERTIFICATION	PART I. DEAT  Conditions, if on gove rise to im cause (a), stoting t lying couse last.	mediote (	Hets	e presiti	T NOT RELATED TO 1	THE TERMINAL DISE	Say COM	IVEN IN PART I	PERFC	DEATH
		(IF EITHER, NOTIFY /	CAUSE OF DEATH	Ob. DESCRIBE HOW	/ INJURY OCCURR	ED. (Enter noture af	injury in Part I or f	Port II of item 18.)			
	MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Manth, Day, Year	20d. INJURY OCC While Not v at wark at wa	vhile_ f	LACE OF INJURY (He actory, street, affice I		ity or town)	(Co	unty)	(Stote)
		21. I certify that saw the decease 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	(I) this hospitally educative of the	avended the d	1	death accurred  M.D. ATTENDING PHYS.  22d. ADDRES	11	STAFF		date stated	,
	Ē	BURIAL, CREMATION REMOVAL (Specify) FUNERAL DIRECTOR'S	1/27/	23c. NAA	AE OF CEMETERY	,	h	ATION (City, town	or county)  GISTRAR'S SIGN	(Stat	te)
	24.1	omest.	Sosh	ell, Es	lon, h	X	DATE	5 8 1 25b, REC	DISTRAK S SIGN	ATURE	

1163 ... Cambridge Call 

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

(.1150

	1. PLACE OF DEATH  o. COUNTY  TO 16 T  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE  Maryland b. COUNTY  Caroline
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
5	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION HE MORIAL HOSpital	d. STREET ADDRESS  None  e. IS RESIDENCE ON A FARM? YES NO
8	3. NAME OF DECEASED (Type or print) STORY W.	Matthews 4. DATE Month Day Year OF DEATH January 2 19 Cd
	s. sex 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	B. DATE OF BIRTH  10-15-1879  9. AGE (In yeors lef UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of yighting life, even if retired)  Farm aboror None	Maryland  12. CITIZEN OF WHAT COUNTRY?  U.S.A.
	13. FATHER'S NAME Anderson Matthews	Heneritta Sudler
	JS. WAS DECEASED EVER IN U. S. ARMED FORCES?  Item_ng. or unknown) [If yex, give wor or dates of service)   16. SOCIAL SECURITY NO. 17. IN	IFORMANT Address
	NO 222-14-3211    IB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	Elbert Matthews Goldshoro, Maryland
	Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost.  Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost.  Couse (o), stoting the under-lying couse lost.  Couse (o), stoting the under-lying couse lost.	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Port II of item 18.)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m.  p. m. 19 While Not while of work of work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) ctory, street, office bldg., etc.)
1	21. I certify that (I) (this haspital) attended the deceased fram saw the deceased alive an 1961, and that a 220. SIGNATURE  22c. PHYSICIAN'S NAME (Type)  P. E. COX M.D.	1 04.
	23a. Burial, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O Burial 1-7-61 Union	R CREMATORY 23d. LOCATION (City, town, or county) (Stote) Goldsboro, Maryland
	24) FUNERAL DIRECTOR'S SIGNATURE ADDRESS LES BOULAIN APRONOS PORO	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE  DATE JAN 9 '61 Collag & Kraus

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VR A15 (4) 15M 9/59

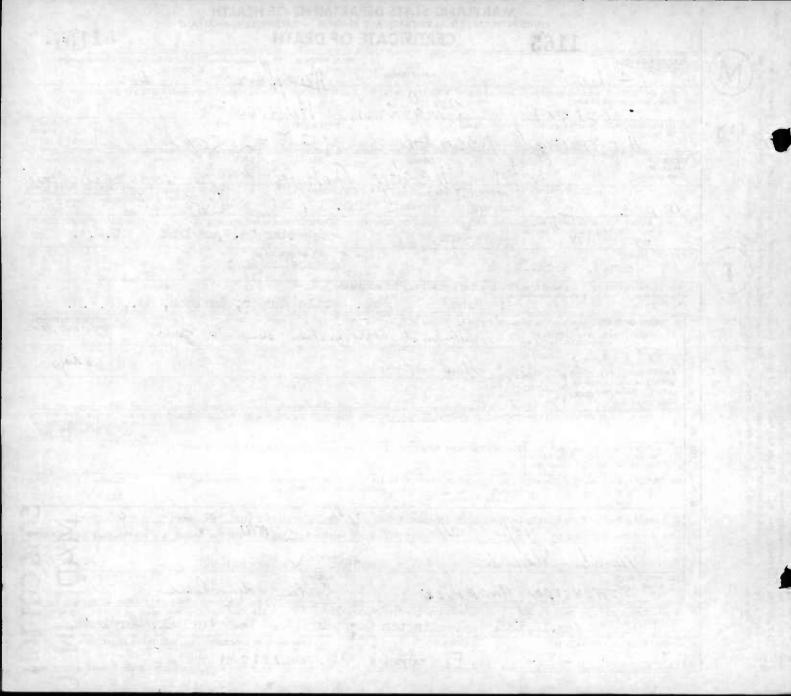
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 1165

TONE KESENKOII	WI AM	KECOK	~ -	PAPIL
<b>CERTIFIC</b>	ATE	OF	DE	ATH

(1151

1. PLACE OF o. COUNTA	1A/bo	+	MARYI		a. STATE	CE (Where decease	b. COUNTY	on: Residence	before admission)	
	TOWN (If autside and give neorest town	corporate limits, write	c. LENGTH OF STAY	2000s	c. CITY OR TOW	IN Affoutside com	porote limits, write R	URAL ond giv	ve nearest town)	X
	ITUTION	in hospitol, give street	Nospital	)	d. STREET ADDI	D#2	Box 6		e. IS RESIDEN ON A FAR YES NO	SWS
3. NAME OF DECEASED (Type or pr	int)	First	Middle U.S.	ky:	Nicho	4. DATE OF DEAT		th ARY	Day Year / 196	/
s. sex	1E 6. COLO	OR OF PACE 7. MAR		4 -	ate of Birth	1878	9/AGE (In years last birthday) yrs.		YEAR IF UNDER 24 Doys Hours A	Min.
during m	occupation (Give ost of working life, ay Labore	even/if retired)	KIND OF BUSINESS O	R INDUSTRY			, aryland		S.A.	<b>ITRY</b>
3. FATHER'S		Michols		1.	4. MOTHER'S MA	eth Jone	S			
5. WAS DECE (Yes, no. or unkno	EASED EVER IN U. S own) (If yes, give	. ARMED FORCES? 16 war or dates of service)	. SOCIAL SECURITY NO.			Pinder,	Hurlock,		R.F.D.	
	SE OF DEATH [Enter	CAUSED BY: ATE CAUSE (o)	fullestinal	? sle	- fruit a	in due	to quel	2	INTERVAL BETWE	EN
gove r	ions, if ony, which ise to immediately), stating the under	e (DUE TO	strue 18	lus					3 days	
CATIC	ART II. OTHER SIGN	IFICANT CONDITIONS	CONTRIBUTING TO DEA	ATH BUT NO	T RELATED TO TH	E TERMINAL DISEA	ASE CONDITION GIV	EN IN PART	1(a) 19. WAS AUTO PERFORME YES NO	D?
OR CONT	IDENT WAS UNDER TRIBUTING [] CAUS R, NOTIFY MEDICAL	E OF DEATH	SCRIBE HOW INJURY O	CCURRED. (E	inter noture of in	jury in Port I or P	ort II of item 18.)			
	OF INJURY Month	While	INJURY OCCURRED  b Nat while  ark ot wark		OF INJURY (Ham, street, affice blo	ne, farm, 20f. (C dg., etc.)	ity or town)	(Co	ounty) (	State
	r <b>tify</b> that (I) (the deceased alive	10/-	ded the deceased		Maccurred a	a setim	n the causes an		that (I) (we)     date stated ab	
22a. SIGN	Mush	Hamis	American	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		10/10 810	ATE GNEI
22c. PHYS		STON HA	RRISON		22d. ADDRESS	an des	ey land	п		
REMOVA	CREMATION. 23b.	an.13,1961	23c. NAME OF CEME				ATION (City, town, ar Hurl ek		land (State)	
24. FUNERAL	FRAMETOM	TURE SON	ADDRESS FEDERAL	SOURO	311	a. REC'D BY REGI		STRAR'S SIGN		



1166 CERTIFICATE OF DEATH Rea. Dist. No. director, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) b. COUNTY a. COUNTY & a. STATE MARYLAND eral b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give/hearest town) should e. IS RESIDENCE NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS ON A FARM YES NO puo 2 NAME OF Middle 4. DATE Month Day filled DECEASED OF DEATH Pages (Type or print) esounces. 9. AGE/In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last burthday) Months Days Hours WIDOWED 17 DIVORCED | popers. compl 10a. USUAL OCCUPATION (Give kind of work done during sost of working life, even if refired) 11 BIRTHPLACE IState or foreign country) 12. CITIZEN OF WHAT COUNTRY? deoth. puo after FATHER'S NAME 14. MOTHER'S MAIDEN cor physician remave WAS DEPEASED EVER IN U. S. ARMED FORCES? 16. SOCAL SECURITY NO. INFORMANT ottending edse 1B. CAUSE OF DEATH [Enter only one cause per hay for (a), (b), and (c). INTERVAL BETWEEN ā PART I. DEATH WAS CAUSED BY: DUE TO þ Conditions, if any, which been signed gave rise to immediate per DUE TO cause (a), stating the underlying cause last. buriol-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) a. m. While Not while 19 at work at work detached for 21. I certify that I attended the deceased fram. ... 1966 that I last saw the deceased and that death accurred at 1. Colom, from the causes and an the date stated above. alive an TO FUNERAL DIRECTOR: by ACTUAL SIGNATURE 3 should be PHYSICIAN'S registrar NAME (Type) 229 BURIAL CREMATION, 276 DATE THEREOF OF CEMETERY OR CREMATORY 22c. NAME (City, town, or county) (State) abod REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR

JAN 3 0 '61

Orthur S. Trans

certificate

VS A1S (4)

1SM 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

TO HOSPITAL RATENDING PHYSICIAN: The law requires that the dooth certificate be executed within 24 hours, fler death. Page 4 may be reflected by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health priar to burial, cremotion, or removal, and in any event, within 72 hours after death.

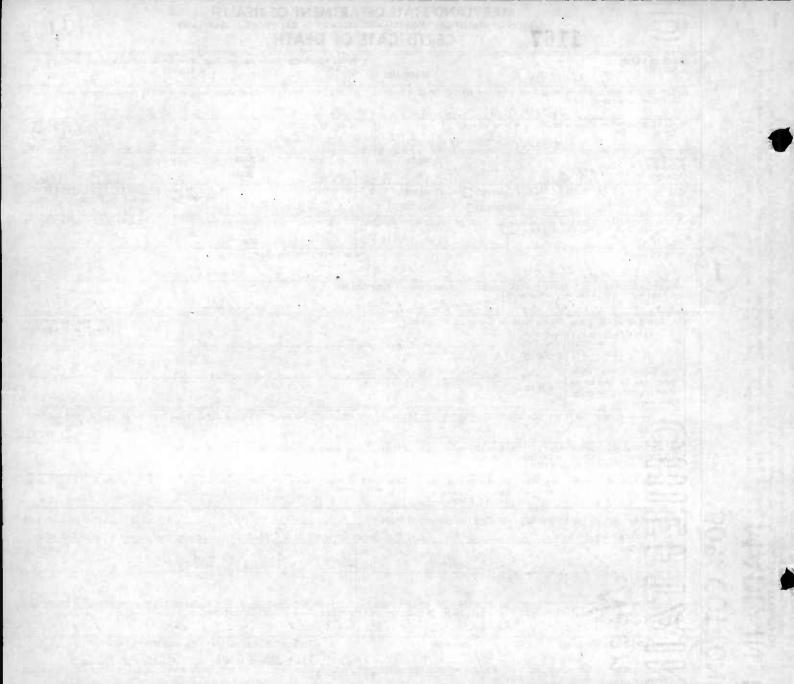
## MARYLAND STATE DEPARTMENT OF HEALTH

1167 CERTIFICATE OF DEATH

(1153

-	25, 22 V V		
	PLACE OF DEATH  COUNTY  TAI bot MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence b. COUNTY Jack	before admission)
F	6. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town)	c. CHYOR TOWN (It outside corporate limits, write RURAL and give	e neorest town)
	d. NAME OF HOSPITAL (IE not in hospital, give street address) OR INSTITUTION OR INSTITUTION OR INSTITUTION OR INSTITUTION	d. STREET ADDRESS / 10 Chioplank ave-	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) FRAIN ( Middle	Roe 4. DATE Month OF DEATH OF DEATH	Day Year 23 196/
1	18. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	Sept. 22, 1895 lor Girthdoy) Months D.	YEAR IF UNDER 24 HRS.  Bys Hours Min.
1	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI- during most of working life, even it retired)  Johnson bus dru		N OF WHAT COUNTRY?
13.	FATHER'S NAME LIAM AUDILIO Rol	14. MOTHER'S MAIDEN NAME Stubbs	Against .
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. s. no. or unknown (If yes, give wor or dotes of service) 220 - 32 - 5443.	Mrs Frank Role Casts	on Med.
	1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)	a Caner	INTERVAL BETWEEN ONSET AND DEATH
	153, 3 DUE TO  Conditions, if ony, which) (b) Carcino	ma siamoid	170
	gave rise to immediate cause (a), stating the <u>under-lying</u> Couse last.		
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BU	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(o) 19. WAS AUTOPSY PERFORMED? YES NO
	200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURE OF CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter noture of injury in Part I or Port II of item 1B.)	
MEDICAL		PLACE OF INJURY (Home, farm, 20f. (City or town) (Corfactory, street, office bldg., etc.)	unty) (State
	21. I certify that (I) (this haspital) attended the deceased fram saw the deceased alive an19, and that	156 - (.	
	220. SIGNATURE	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	
23	SHURIAL, CREMATION, 235 DATE THEREOF 230 NAME OF CEMETERY JULIER (SAL	OR CREMATORY—23d. LOCATION (City, town, or county)	Millstofe)
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS  ADDRESS  Laston	Md. 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN DATE JAN 3 0 161 Cavilua &	

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### MARYLAND STATE DEPARTMENT OF HEALTH

116 RIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

		1100	CERTIFICA	TE OF DEATH	64104
)	1. P	LACE OF DEATH TALES +	MARYLAND		
	b	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	MARYLAND  Maryland  C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest fown)  St. Michaels  d. STREET ADDRESS  d. STREET ADDRESS  d. STREET ADDRESS  e. 15 RESIDENCE ON A FARM?  YES ON OF A FARM?  YES NO DEATH  Day Yeor  DEATH  OF BUSINESS OR INDUSTRY  11. BIRTHPLACK (State or Joreign country)  12. CITIZEN OF WHAT COUNTRY?  14. MOTHER'S MAIDEN NAME  LASECURITY NO.  17. INFORMANT  Address  Address  Address  Address  Address  INTERVAL BETWEEN ONSET AND BEATH  ONSET AND BEATH  DIVIDING TODEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY  YES NO  11. DIVIDING TODEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b)  NO INTERVAL BETWEEN ONSET AND BEATH  ONSET AND BE	
)	d	N. NAME OF HOSPITAL (If not in hospitol, give street or institution)	Hospital.	d. STREET ADDRESS	ON A FARM?
		NAME OF DECEASED Type or print)  First  Figst	Hirl	Stanberd DEATH LO	muary 26 1961
,	70	ex 6. COLOR OR RACE 7. MARR	D DIVORCED	pricary 25,1961	t birthday) Months Days Hours Min.
		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDU		) 12. CITIZEN OF WHAT COUNTRY?
1	K	set Jackson Des	hields	Tauline Mary Sta	inford
	1S. Yes.	WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17. II	mother s	t, michaels, mil
)	ATION	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate couse (o), stating the under- lying couse lost  (c)	Crettra	NOT RELATED TO THE TERMINAL DISEASE CON	ONSET AND PATH  ONSET AND PATH
	MEDICAL CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year Hour o.m. While	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or to	item 18.)
	W	21. I certify that (I) (this hospital) attends sow the deceased give on 1 - 2	_ //	at at	
,		22c. PHYSICIAN'S ACCULATION NAME (Type)	All	M.D. PHYS. DIRECTOR PH	AFF _ SIGNED
S	23a	Burial, CREMATION. 23b. DATE THEREOF REMOVAL (Spacify)  Mulation 30/6/	23c. NAME OF CEMETERY OF Memoria	OR CREMATORY 230 DOCATION	City town, or country Maryland
	24.	EUNERAL DIRECTOR'S SIGNATURE INCINERATION (MEMORIAL HO	ADDRESS SPITAL)	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE

VR A1S (4)
1SM 9/59

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. . . BUILDING A SULLA S ENERGY TO THE PROPERTY OF THE

WATERTOWN

14. MOTHER'S MAIDEN NAME

INFORMAN

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY

directar funeral О .= filled campletely and 200 physician mave attending signed

PLACE OF DEATH

o. COUNTY

NAME OF

S. SEX

DECEASED (Type or print)

TEMIALE

13. FATHER'S NAME

No

during most of working life, even if retired)

PART I. DEATH WAS CAUSED BY:

HOUSE WHE

Conditions, if ony, which

gove rise to immediate

couse (o), stoting the underlying cause lost

O FUNERAL DIRECTOR: A page 3 shauld be detach 0

and cerron 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) 20c. TIME OF INJURY Doy, Year 20d. INTURY OCCURRED factory, street, office bldg., etc.) Haur a.m. While Not while of work of work 21. I certify that I attended the deceased from 1906, that I last saw the deceased alive an and that death accurred at AM, fram the causes and an the date stated above. ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR FREMATORY 22d. LOCATION EUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR DATE JAN 3 0 '61 VS A15 (4) 1SM 9/SB

10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country

IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO

18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]

**DUE TO** 

IMMEDIATE CAUSE (o) DUE TO

> (City, tawn, or county) (State) 246 REGISTRAR'S SIGNATURE Chilling S. Frank

URA

Days

(County)

Address

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (Stote)

DATE SIGNED

LL.S. A

e. IS RESIDENCE

ON A FARM?

YES NO P

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 1170

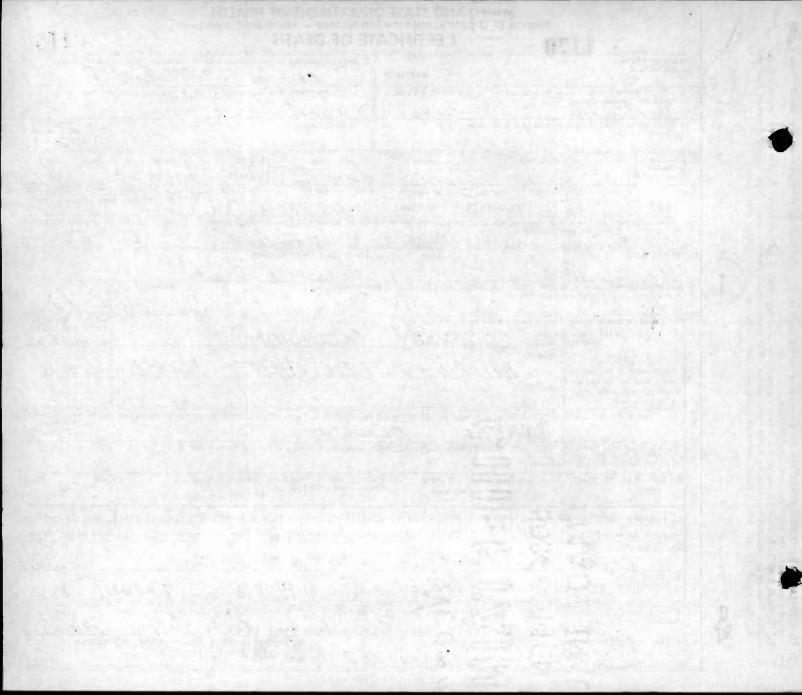
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_						4.4.1.
	PLACE OF DEATH  o. COUNTY  CEL	Lat	MARYLAND	2. USUAL RESIDENCE (W		
	b. CITY OR TOWN (III	f outside corporate limits, write Great town)	c. LENGTH OF STAY IN 16	c. CITY OF TOWN OF	outside corporate limits, write	e RURAL and give nearest town)
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in haspital, give stre	et address)	OF STAY IN 16  OF STA		
	NAME OF DECEASED (Type or print)	Tewes	Butter!	Swartn	DEATH  ADATE  OF BIRKIN  ADATE  DEATH  ADE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months)  West birthday)  Yes.  Months  Day Year  Jost birthday)  Yes.  Months  Day Hours  Min.  Months  Day Hours  Min.  Months  Day Hours  Min.  Months  Days Hours  Min.  Months  Months  Days Hours  Min.  Months  Months  Days Hours  Min.  Months  Months  Days Hours  Min.  Months  Months	
	M.	TO. WIDO	RRIED NEVER MARRIED	Jan 9, 189	8 dist birthday	Months Days Hours Min.
	tell all	ON (Give kind of work done 10 king) life, even if retired)	ive kind of work done fe, even if retired)  12. CITIZEN OF WHAT COUNTR fe, even if retired)  13. S. ARMED FORCES?  14. MOTHER'S MAIDEN NAME  15. S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANY  17. INFORMANY  18. CITIZEN OF WHAT COUNTR fe, even if retired)  19. S. ARMED FORCES?  10. S. ARMED FORCES?  10. SOCIAL SECURITY NO. 17. INFORMANY  11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTR fe, even if retired)  13. CITIZEN OF WHAT COUNTR fe, even if retired)  14. MOTHER'S MAIDEN NAME  15. S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANY  17. INFORMANY  18. CAUSED BY:  18. CITIZEN OF WHAT COUNTR fe, even if retired)  19. CITIZEN OF WH			
	College College	in Il Levan	6	Olinaker	1 Bento	
15. (Ye	WAS DECEASED EVE	R IN U. S. ARMED FORCES?   (If yes, give war or dates of service)	6. SOCIAL SECURITY NO. 17.	Mos Calin	D. Louly	Early ma
	The state of the s	ATH [Enter only one couse per ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	line for (o), (b), and (c).]	OCCLUSIO	ON I	
	Conditions, if or	ny, which ) (b)	OTERIO - SCL	EROTIC HI	EART DISK	EASE Years
7	cause (o), stoting lying cause last.	the under- DUE TO (c)				
FICATION		DIABE	TES ME	141705		PERFORMED? YES NO
L CERTIFI	(IF EITHER, NOTIFY	MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Port I or Port II of Item IB.)	
MEDICAL	20c. TIME OF INJUR Haur a. m. p. m.	Whi				(County) (State
	saw the deceas	it (1) (this hospited) atte sed alive an JAN, 2	nded the deceased fram  1961, and that		. /	
	220. SIGNATURE	Smald In.	Bartly	M.D. PHYS.	MED. STAFF PHYS.	
	22c. PHYSICIAN'S NAME (Type)	DONALD F.	BARTHEY,	n 222d. ADDRESS' 4/1	Address D.G. Bry 797  Clinic D. Lorily Eastern M.  WEART DISEASE CHARS  OTHE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO MORE NO MED.  NG MED. STAFF DIRECTOR STAFF SIGNED  RESS M. HANSON T. EASTON, M.D.  23d. LOCATION (City, town, or county) (Stote)	
Ľ	REMOVAL (Specify)	a fak 20196.	23c. NAME OF CEMETERY	morried encloy	Cestre Fa	ellet maybe
24.	FUNERAL DIRECTOR	SIGNATURE	MODRISS TO	MI A		GISTRAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by he funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health priar to burial, cremation, ar removal, and in any event, within 72 hours after death. ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haur TO HOSPITA

VR A15 (4) 1SM 9/59

er death. Page 4



•	•		,
	in Distribe funeral director,	and 2 should be filed with	
	tely filled	Pages 1	er death.
	the attending physician and complet	Then please remave carbon popers	and in any event, within 72 hours afte
seed by the hospital ar attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in Dy the funeral director,	uld be detached for use as the burial-transit permit. Then please remave carbon papers, Pages 1 and 2 should be filed with	and of Health priar ta burial, crematian, or remayal, and in any event within 72 hours after death.

1 PLACE OF DEATH

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4

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nay be retained by the hospital ar attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician on	page 3 shauld be detached for use as the burial-transit permit. Then please remave carbo	he State Board of Health priar ta burial, crematian, or remaval, and in any event, within 72	
pe	Z	3	tat	
Jay	3	age	e S	
5-	-	0	-	

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O. COUNTY TAIDOT	MARYLAND	Warylan	el	b. COUNTY	rollie
RURAL and give nearest town)	2 A	c. CITY OF TOWN (IF o	tow,	mits, write RURAL an	
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION MEMORIA	spital	d. STREET ADDRESS		05 X-	e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print) Edw.(n)	Middle 7	hawley	4. DATE OF DEATH	JAN Month	Day Year 3 196/
S. SEX    6. COLOR OF RACE   7. MARRIED	DIVORCED D	JAN 3/19	1891 9 AG	O yrs. Month	
10o. USUAL OCCUPATION (Give kind of wark done 10b. KIND of during most of warking literaryen if retired)	F BUSINESS OR INDUS	War	or fareign country	12.0	ITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Willard ) 7, the	ruley	14. MOTHER'S-MAIDEN N	riell	I. 9	zwell
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)	SECURITY NO. 12. IN	ers Char	les W	ellia)	Denton, led
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if ony, which gave rise to immediate cause (o), stoting the under-lying cause lost.	1), (b), and (cf.)	Inforcti	Ör		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB					ART 1(0) 19. WAS AUTOPSY PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OW INJURY OCCURRE	D. (Enter noture of injury in I	Part I ar Part II of	item 18.)	
		ACE OF INJURY (Hame, farm trory, street, office bldg., etc		own)	(County) (State
21. I certify that (I) (this baseital) attended the saw the deceased alive on 22a. SIGNATURE	9 and that o	eath occurred 2 2	M, from the		the date stoted above
NAME (Type) £ C.H. Sch.	milt	FRE	1017	Mary	Bret.
(FOMOVAL (SPORISH) Jan 6, 1960	Dente	w	Dent	City, town, or count	id
24. FUNERAL DIREC <del>TOR'S SIGNATU</del> RE A	Peto	DAMAN	D BY REGISTRAR	25b. REGISTRAR'S	1.0

ifter death. Page 4

he funeral director,

TO HOSPITA RATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Pmay be retained by the hospital at attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled page 3 shauld be detoched far use as the burial-transit permit. Then please remove carbon papers. Pages 1 of the State Board of Health priar to burial, cremotian, or removal, and in any event, within 72 hours after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOSPITA

VR A15 (4) 1SM 9759

## MARYLAND STATE DEPARTMENT OF HEALTH 72 CERTIFICATE OF DEATH

61158

-							
1.	PLACE OF DEATH o. COUNTY Talbot	MARYLAND	2. USUAL RESIDENCE (What a. STATE	OR TOWN (I) Journal of the RURAL and give nearest town)  AL DATE OF DEATH  O			
	b. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	100	1	b. COUNTY TABOT  Proporote limits, write RURAL and give nearest town)  AND E    County   County   County   County   County		
	d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION	address)	d. STREET ADDRESS			ONA	FARM?
3.	NAME OF DECEASED (Type or print)	Middle	41	OF T	b. COUNTY TABOT  corporate limits, write RURAL and give nearest town)  ATH  ATH  ATH  ATH  ATH  ATH  ATH  AT		
L	te Col. WIDOW	ED DIVORCED	Dec 21, 191	60 last t	yrs. Months	3 Hours	Min.
L	la. USUAL OCCUPATION (Give kind af work dane during most of warking life, even if retired)  None	STREET ADDRESS   C. IS RESIDENCES   C. IS RESIDEN					
1	Thomas Little	JR.	Mari	1 Ann	thone		
	(es. no, or unknown)  NO  (If yes. give war or dates of service)  NO  (If yes. give war or dates of service)		Λ. (	Thomas	10		
	18. CAUSE OF DEATH [Enter only one cause per line of the course of the cause of the	espiratory	Foilure due	To		ONSET AND	
	Conditions, if ony, which gove rise to immediate cause (o), stating the under-lying cause lost.	ere bral he	andron amors has	2			
CEPTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	nal disease cond	ITION GIVEN IN PART	PERFO	RMED?
		CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in I	Part I or Part II of it	em 18.)		
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. While p. m. 19	Not while fac			n) (Co	ounty)	(State)
	21. I certify that (I) (this hospital) attended sow the deceased alive an Jan 2	dea me deceased mam.	1 854	0			
	220. SIGNATURA Ohn & Bai	butt	M.D. PHYS. DI	ED. STAF	F	ON A FARM? YES NO ON A FARM? Y	
	22c. PHYSIGNAY'S JOHN E. BA	ybutt	Middle   Lost   Mark   Day   Year   DEATH   January   196   Mark   Day   Year   DEATH   January   Month   Day   Year   DEATH   January   Month   Day   Year   DEATH   January   Month   Day   Hours   Mark   Hrs.   DIVORCED   Dec 21   96   O   Page of list birthdoy)   Months   Days   Hours   Min.   Months   Days   Min.   Months   Months				
2:	30. BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Specify) 1/6/61	Middle    Date   Date					
2.	1. FUNERAL DIRECTOR'S SIGNATURE	1//				10	

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

**CERTIFICATE OF DEATH** 1173

		18	4	100.0	15	
		B		. 3	13	
- 1	9	-	1	U	9	

)	1. PLACE OF DEATH o. COUNTY TAILBOT	MARYLAND	a. STATE	here deceased lived. If instituti b. COUNTY	
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	e. CITY OR TOWN (IF of Bethl		(URAL and give nearest town)
)	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION  Easton Nemoria	oddress) HOSD	d. STREET ADDRESS		Caroline
	3. NAME OF DECEASED (Type or print) James Peuton	Middle Thomp	Lost	4. DATE Mon	11
		RIED 💂 NEVER MARRIED 🗂	B. DATE OF BIRTH  June 5, 188	9. AGE (In yeors last birthday)	Manths Days Haurs Min.
	100. USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired)  Barber  13. FATHER'S NAME		TRY 11, BIRTHPLACE (Stote	or foreign country) Co., Maryland	12. CITIZEN OF WHAT COUNTRY?
1	Joseph Thompson		Laura J.		DATE OF AGE (In years let UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Vis. Month Day Year OF AGE (In years let UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Vis. Months Days Hours Min. Vis. Maryland U.S.A.  Address Compson, Atlanta, Georgia  Interval Between Onset and Death Onset and D
)	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no. or unknown) [If yes, give wor or dates of service]		r. Claude H.		
)	20a. ACCIDENT WAS UNDERLYING   20b. DES OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT  CRIBE HOW INJURY OCCURRED  NJURY OCCURRED  Not while of work  ded the deceased from	NOT RELATED TO THE TERM  O. (Enter nature of injury in  ACE OF INJURY (Hame, forn tory, street, affice bldg., etc.)	Part I ar Part II of item 18.)  n, 20f. (City ar tawn)  66ta 7725  M, fram the causes ar	VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO MINING NO. (State)  (County) (State)  (County) (State)  A C UTE PERFORMED? YES NO MINING NO. (State)
	22c. PHYSICIAN'S NAME (Type) L. J. Eglseder		M.D. PHYS. D	Maryland	1/25/61
	230. BURIAL, CREMATION, REMOVAL (Specify) Burial Jan. 29, 1961	23c. NAME OF CEMETERY OF	emetery		
	24. FUNERAL DIRECTOR'S SIGNATURE Af Framptom and Son, Feder	alsburg, hand		0 01 1100101111111	

L. F. Schnerer h.H. Dector, New link The state of the s

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MARYLAND STATE DEPARTMENT OF HEALTH

117 LIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

(1160

1. PLACE OF DEATH a. COUNTY Jallat	MARYLAND	2. USUAL RESIDENCE (Where do	ceased lived. If institution: Resid	lence befare admission)	
b. CITY OR IOWN (If autside carparate limits, write RURAL and give pearest town)	c. LENGTH OF STAY IN 16	Caston	carporate limits, write RURAL an	d give nearest town)	
d. NAME OF HOSPITAL (If not in hospital, give stre OR INSTITUTION At home 122 West Sti	. //	d. STREET ADDRESS	4.	Address   Part 1 (a)   19. WAS AUTOPSY PERFORMED?   Was Autopsy Performed   19. WAS AUTOPSY PERFORMED? YES   NO   10   10   10   10   10   10   10   1	
3. NAME OF DECEASED (Type or print) House	Middle	Tainsend 4. D.	FEATH LO	de RURAL and give nearest town)  e. IS RESIDENCE ON A FARM? YES NO D  Manth Day Year  1966  ars IF UNDER 1 YEAR IF UNDER 24 HR: YYS. Manths Days Haurs Min.  12. CITIZEN OF WHAT COUNTRY  INTERVAL BETWEEN ONSET AND DEATH  WAS AUTOPS)  GIVEN IN PART 1(a) 19. WAS AUTOPS)	
hu 7.1	WED DIVORCED DIVORCED	B. DATE OF BIRTH	( Manths	1	
10a. USUAL OCCUPATION (Give kind af wark dane 10 during prost of warking life, even if retired)	Les Milles	STRY 11 SIRTHPLAGE (State or fore	Merefeed 7	ITIZEN OF WHAT COUNTRY	
13. FATHER'S NAME	send	14. MOTHER'S MAIDEN NAME	Vackey	* 4	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. flo. Objections) (If yes, give war at dates of service)	6. SOCIAL SECURITY NO. 17. 11	Wes Atris N. Jass	mend day	Low Mid	
1B. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	line far (a), (b), and (c).	Carcui auca of	liver	ONSET AND DEATH	
Canditions, if ony, which (b)	Carenaun	1 colon		Yher.	
gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> (c)	0				
PART II. OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL D	isease condition given in P.	PERFORMED?	
OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature af injury in Part I o	ar Part II af item 1B.)		
Haur a.m. Whi	1 6	ACE OF INJURY (Hame, farm, 20f. ctary, street, affice bldg., etc.)	. (City ar tawn)	(Caunty) (State	
21. I certify that (I) (this haspital) atte			ta 25 per 19	L/_, that (I) (we) las	
22a. SIGNATURE Muss has Asimo	w	M.D. PHYS. MED. DIRECTO	R PHYS.	2 7/24 6	
22c. PHYSICIAN'S NAME (Type) THURSTON	HARRISON	22d. ADDRESS Cachee	hay land		
230 BURIAL REMATION, 230 DATE THEREOF REMOVAL (Specify) AND 28/96/	23c. NAME OF CEMETERY	CREMATORY 23d. I	OCTON (City lawn, or caunty	(State)	
24. FUNERAL DIRECTORS THATURE	ORESS	DATE JAN 3	104	S. Kraus	

AVIII

TO HOSPITAL TRENDING PHYSICIAN: The law requires that the death certificate be excessed, by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Baard of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death.

VR A1S (4) 1SM 9/59

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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1	Talbot		MARYL	AND								ion)
b. CITY OR TOWN (	If outside corporate limits earest town) Easton	, write c. LE	NGTH OF STAY IN					rote limits, write R	URAL ond	give ne	arest tawn	1)
	Easton	5	Minute	es	Ri	.dgel	<b>-</b> У					
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, given morial Hospital)		s)		d. STREET A	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  S. STATE Maryland b. COUNTY Caroline  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Ridgely  d. STREET ADDRESS  None  S. AGE (In years of the content of the country)  VEC OF BIRTH  P. AGE (In years of the country)  Maryland  NOTHER'S MAIDEN NAME  Henrietta Phillips  MANT  RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PERFORMED?  YES NO PERFORMED.  YE						
3. NAME OF DECEASED (Type or print)	James First		middle	ck			OF			5	-/	
S. SEX	6. COLOR OR RACE				DATE OF BIRTH		-	9. AGE (In years	-	R 1 YEAR	IF UND	ER 24 HRS
Male	_	WIDOWED	DIVORCED	_	2-7-18	379		last birthday) yrs.	Months	Days	Hours	Min.
100. USUAL OCCUPATI	ON (Give kind of work do	one 10b. KIND	OF BUSINESS OR	INDUST	RY 11. BIRTHPL	ACE (Stote	or foreign co	ountry)	12. CI	TIZENO	F WHAT C	OUNTRY
Farmer	king life, even if retired)	Farm	Tennar	nt	Mar	ylar	nd			U	.S.A	
13. FATHER'S NAME	EST ALCO		411-1-1-1		14. MOTHER'S	MAIDEN N	IAME					
Jame	s Walls				Her	nriet	tta	Phillip	os			
15. WAS DECEASED EVI	ER IN U. S. ARMED FORC	ES? 16. SOCIA	L SECURITY NO.	17, INI	FORMANT	- 1		Add	ress		44.71	
No	(it yes, give wor or dates of ser		ne	W	illiam	Wall	s	Ridge	ely.	Md	•	
18. CAUSE OF DE	ATH [Enter anly ane cou	se per line for	(o), (b), and (c).]	6.17			81			INT	ERVAL BE	TWEEN
Conditions, if of gove rise to it couse (o), stoting lying cause last.	immediate (		negal	رخ	sex u	<i>ע</i> ניי	اک مندا	elys	\$		900	us
PART II. OT  PART II. OT  PART III. OT  OR CONTRIBUTION  OR CONTRIBUTION  (IF EITHER, NOTIFY	HER SIGNIFICANT COND	11 ONS CONTR	BUTING TO DEAT	•	NOT RELATED TO	THE TERM!	NAL DISEAS	E CONDITION GI	VEN IN PA	(RT 1(o)	PERFC	ORMED?
	AS UNDERLYING CONTROL CAUSE OF DEATH (MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OC	CURRED	. (Enter noture of	finjury in f	Port I ar Por	t II af item 1B.)		38	NE.	
20c. TIME OF INJUI Haur o. m. p. m.	RY Month, Doy, Year 19	While !	OCCURRED 2 Not while of wark					or town)		(County)		(Stote
	at (I) (this haspital)											
20 SGNATURE	STWI	ma	coll		ATTENDING	G AME	ED	STAFF				b. DATE
722c. PHYSICIAN'S NAME (Type)	HARLES	H.	MINNA	601		SS R:	0 66	4,7	not	y	a,	2
23a. BURIAL, CREMATIC REMOVAL (Specify Burial	236. DATE THEREOF	23c.	NAME OF CEMET		CREMATORY					-	(Stat	te)
24 FUNERAL DIRECTOR			ADDRESS	J		2So. REC'I					IRE	
4.E. Bo	celaer	G	reensb	oro	, Md.	DATE J	AN 9	'61	7.79.00	2 5.	ata di	

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ENGLASSING PLANS OF THE MANAGEMENT & PROPERTY OF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1176 **CERTIFICATE OF DEATH** Reg. Dist. No filed with , PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Talbot Maruland Talbot b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 . c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town Tilghman North shauld d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NOX NAME OF DECEASED First Middle 4. DATE Month Day Year filled Edwin Hoffman 1961 (Type or print) Watkins DEATH January 10 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years last-birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Hours Male White July 26, 1891 WIDOWED I DIVORCED [ 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Engineer-Ret. Battery Marvland corbon ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Joseph Marion Watkins Harriett Strong 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. Eleanor K. Watkins, North ues attending 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATHS PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) è Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) Hour o. m. factory, street, office bldg., etc.) While Not while at work ot work 21. I certify that I attended the deceased from, ... 1921, that I last sow the deceosed alive on ond that death occurred at. M, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) ACTUAL 3 shauld PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) the National 0 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR Michaels, Md DATE JAN 1 2 '61 Cirthur S. Kraus VS A15 (4) 15M 9/S5 Frampton Carroll

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CENTIFICATE OF DEATH

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A	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence I o. STATE O. ST					
VI)		MARYLAND O. STATE Maryland 6. COUNTY Telbe T				
	b	b. CITY OR TOWN (If autside carporate limits, write RURAL and give near RURAL and give nearest tayn)  c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tayn)	arest tawn)			
		EASTON John 10 min Faston				
80	0	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION  Memorial Hasbital  Metinewstown Road	e. IS RESIDE			
		NAME OF First Middle Last 4. DATE Month Do OF	y Year			
		(Type or print) St. Claur WAHS DEATH / 1/	19			
	5. S	last birthday) Manths Days	Haurs			
	10-	WIDOWED DIVORCED DIVO				
	-	. USUAL OCCUPATION (Give kind of wark dane during mast of warking life, even if retired)  12. CTIZEN OF	WHATCOU			
	_	FATHER'S NAME 14. MOTHER'S MAIDEN NAME				
	-	Fichin Watta Elizabeth bastland				
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  Address	00			
	(	216-38-0914AM15. Dora Cahlman taston	Mig			
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	ERVAL BETW			
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	JET A140 DE			
		1913 DUETO //				
	Н	Canditians, if any, which (b)				
		gave rise to immediate cause (a), stating the under DUE TO				
- 9	z	lying cause last. ) (c) (c) PEAT IN OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTIONS OF PEAT IN OTHER SIGNIFICANT CONTRIBUTIONS OF PEAT IN OTHER	TILL SAVAC OF			
	ICATIO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1	PERFORMI YES N			
3	CERTIF	20a. ACCIDENT WAS UNDERLYING  CONCRETE TO THE PROPERTY OF THE				
1	MEDIĆAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) (County) Haur a. m. While Nat while	1000			
	MEC	Po m.  While Not while at work				
		21. I certify that (I) (this hospital) attended the deceased from	nat (I) (we			
		saw the deceased glive on	stated a			
		M.D. ATTENDING MED. STAFF PHYS. PHYS. PHYS.	226.0			
		22c. PHYSICIAN'S E-C-H. Schridt 22d. ADDRESS Contin, May h	~			
0	230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county)	(State)			
0	24.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 2 250. REC'D BY REGISTRAR'S SIGNATUR	RE			
8	n	Paceres F. Newman & SAN Easton, Md. DATEJAN 16'61 Oction & Know				

e. IS RESIDENCE ON A FARM? YES NO DATE OF DEATH Manth Day Year 11 1961 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs 12. CITIZEN OF WHAT COUNTRY? fareign country) 20510 K INTERVAL BETWEEN ONSET AND DEATH L DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO T I ar Part II of item 18.) 20f. (City ar tawn) (County) (State) from the causes and an the date stated above. d. LOCATION (City, town, or county) (State) Car 256. REGISTRAR'S SIGNATURE Y REGISTRAR 6 '61 arthur & Krous

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178 CERTIFICATE OF D	EATH

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1. PLACE OF DEATH O. COUNTY MARYLAND	o. STATE  Maryland b. COUNTY Caroline				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
EASTON 4 da	Greensboro				
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  NEMORIA  HOSPITAL	d. street address  None 05 X-2  e. is residence on a farm?  Yes \( \) no \( \)				
3. NAME OF DECEASED (Type or print) JOHN JOSEPH	Last 4. DATE Month Day Year OF DEATH JAN 8 1961				
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.				
Male White WIDOWED DIVORCED	1-10-1891   Gat Airthdoy)   Months Doys Hours Min.				
100. USUAL OCCUPATION (Give kind of work done during mast of working life, even if retired)  Retired Merchant  None	TRY 11. BIRTHPLACE (State or foreign country)  Penna.  12. CITIZEN OF WHAT COUNTRY?  U.S.A.				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Lewis Wickler	Marie ?				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN Yes. (14 yes, give war or dates of service) 209–12–7792	Katherine Wickler Greensboro, Md.				
Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last.  DUE TO  DUE TO  (b)  DUE TO	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?				
OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	YES NO NO D. (Enter noture of injury in Part I ar Part II of item 18.)				
20c. TIME OF INJURY Manth, Day, Year 19 20d. INJURY OCCURRED Hour o. m. 19 While Not while of work at work 19 to work 19 Not while of work 19 Not work					
saw the deceased alive an	leath accurred at M.M. from the causes and on the date stated abave.  M.D. PHYS. DIRECTOR PHYS. D  22d. ADDRESS  Easton, Maryland				
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF					
REMOVAL (Specify)  Burial 1-11-61 Greensbore					
24, FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE  DATE JAN 12'61  Cuthun 8. Kraus				
1 6. Harris Andrews 1	CC / Dail Tale				

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L. Habrier				

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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	PLACE OF DEATH  o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)     o. STATE     b. COUNTY
	MARYLAND MARYLAND	MARVIAND TALBOT
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give pearest town)	c. CITY OR DOWN (If autside carparate limits, write RURAL and give nearest tawn)
	EASTON 3 HOURS-	IN WYE MILLS
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
	Memorial Hospital	YES NO []
3.	NAME OF A First A Middle	Last 4. DATE Manth Day Year
	(Type or print)	Hilkins OF DEATH LANGUARY 28 1961
S.	6. COLOR OF RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED	B. DATE OF BIRTH  9-25-9-3  AGE (In years   Months   Days   Hours   Min.
10o	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN	
	during most of working life, even if retired)  Farm help	er ghary and U.SA.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Unkown	Unkown
15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	, INFORMANT Address
	(If yes, give wor or dates of service) 220-32979	Mis Wildred Nealy Easton, my
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CHRONIC GEN	FRANZED ARTERIOSCLEROUS US.
	450. A DUE TO	7
	Canditions, if any, which )	
	gove rise to immediate	
	cause (a), stating the under-	TION Yrs.
Z	, ()	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
CATIC		PERFORMED? YES NO NO
CERTIFICATION	20%. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCUPY OF CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Port II of item 18.)
3		PLACE OF INJURY (Home, farm, 20f. (City or town) (Caunty) (State)
MEDICAL	Haur a. m.  p. m.  19  While Nat while at wark of work	factory, street, office bldg., etc.)
<		1-27- 161 6 26 161 11
	21. I certify that (I) (this hospital) attended the deceased fram	10 1
Ц	saw the deceased alive an 1967, and tha	It death accurred of M, from the causes and an the date stated above.  22b.DATE
	almald A. Bartley	M.D. PHYS. MED. STAFF   1-30-6/1
-	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
V	Donald F. Bartley M.D.	F/5/0/ // 1/30
230	BURIAL, CREMATION, 23b. DATE THEREOF 23c MAINE OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town, or county) (State)
	Bered # 31-61 Kichon	lo Perm Easton md.
24.	PUNERAL DIRECTOR'S STONATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Y	ames & lafuel , Cotion . V	DATE FEB 1 '61 Chilling S. Thomas
17	1	

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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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OR INSTITUTION  3. AMANG OF DECEASED (Type or print)  5. SEX_   A. COLOR OR RACE   7. MARRIED   NEVER MARRIED   S. DATE OF BIRTH   DEATH   DOLY   TOTAL   DOLY   TOTAL   DOLY   D		COUNTY + A / L a L	MARYLAND	2. USUAL RESIDENCE (Where deceased live. STATE	b. COUNTY
S. PARE PROSESS.  G. IS RESIDENCE ON A FAM TEST ADDRESS.  G. IS RESIDENCE TEST ADDRESS.  G.	b.		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate	e limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitol), give street address)  OR INSTITUTION  3. NAME OF CECASED (Type or piral)  4. DATE  DEATH  9. ACE (In year or piral)  19. ACE (In year or piral)  19. ACE (In year or piral)  10. USUAL OCCUPATION (Cive kind of work done)  10. USUAL OCCUPATION (Cive k	3		1.1.40	X5 herwood	
DECASE (Type or print)  S. SEX.  COLOR OR RACE   7. MARRIED   NEVER MARKED   18. DATE OF BIRTH  WIDOWED   DIVORCED   10 - 1 - 7 - 9   Note third or work done   10 - 1 - 7 - 9   Note third or   North Months   10 pt   North Months	d	NAME OF HOSPITAL (If not in hospital, give street	oddress)		e. IS RESIDENCE ON A FARM? YES NO 1
S. SEX    COLOR OR RACE   7. MARRIED   NEVER MARKIED   8. DATE OF BIRTH   9. ACE (In year)   FUNDER LYEAN IF UNDER 24	D	ECEASED	Middle	/// OF	1 44
TEM AC   WIDOWED   DIVORCE   10 - 15 - 9   Soil birthdoy)   Months   Days   Hours   Minimum of the property   Minimum of the prope	-	HILIE	- W1	11/7/15	
13. FATHER'S NAME	S. SE	Fr. 100 0/0 10-1		10-15-79	lost birthdoy) Months Days Hours Min.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 2. THE CAUSE OF DEATH [Inter only one couse per line for (a), (b), and (c).]  18. CAUSE OF DEATH [Inter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (p)  DUE TO  Lying couse lost.  Part III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO- PERFORMED VES.  NO CONTRIBUTING CAUSE OF DEATH (III. ETHER NOTHEY MEDICAL EXAMINER)  30c. TIME OF INJURY Month, Doy, Year Doy Not while of work of work of work.  19. While of work of work.  19. While of work of work.  21. I certify that (I) (this haspitol) ottended the deceosed from 19. ATTENDING MED 14. MED 15. SIGN MADE (Type)  230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stole)  24. FOWERALD ADDRESS 10. RECORD STREAM 25b. REGISTRAR'S SIGNATURE 15. MED 15	10a.	during most of working life, even if retired)		STRY 11. BIRTHPLACE (State or foreign coun	12. CITIZEN OF WHAT COUNTRY?
TS. WAS DECEASED EVER IN U. S. ARMED FORCES?  If you, give very or drifted of verying in the course per line for (a), (b), and (c).]  IB. CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b)  DUE TO  Conditions, if any, which gave rise to immediate course (a), stating the under.  Iying course last,  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOO PERFORMED YES NO OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)  OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)  20. TIME OF INJURY MONITA, Day, Year 20d, INJURY OCCURRED While Not while of work of the original work of the origin	13. F	ATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Text   Conditions   Condition		0 - 0   0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -			
PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (9)  DUE TO  Conditions, if any, which gave rise to immediate couse (o), stoing the under lying cause last.  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTO PERFORMED YES NO ROATRIBUTING CAUSE OF DEATH (F) control of the part			SOCIAL SECURITY NO. 17. II	ittleton Grove,	Sherwood, md.
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (p) IMMEDIATE		18. CAUSE OF DEATH   Enter only one cause per lin	ne for (a), (b), and (c).]	/3 1	INTERVAL BETWEEN
Conditions, if any, which gave rise to immediate couse (a), stating the under lying couse last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO PERFORMED YES NO CONTRIBUTING COUNTY OF COUNTY O			managem	Miller	ONSET, AND DEATH
Conditions, if ony, which gave rise to immediate couse (a), stating the under lying cause last.    Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b)   Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b)   Part III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b)   Part III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b)   Part III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c)   Part III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c)   Part III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF COUNTY COUN			101/100	4	70
gave rise to immediate couse (a), storing the under tying couse last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOF PERFORMED VES NO R CONTRIBUTING COUSE OF DEATH IN THE THERE, NOTIFY MEDICAL EXAMINER)  20a. ACCIDENT WAS UNDERLYING COUSE OF DEATH CONTRIBUTING COUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year 19 and the deceased of the work of the			usse 11	de ella les	Marco 20 12
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOL PERFORMED  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 1B.)  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 1B.)  20c. TIME OF INJURY Month, Doy, Year   20d. INJURY OCCURRED   While   at work   at		gave rise to immediate	1. 12 1	- Da - 1/2 K	9/ ==
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 1B.)  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 1B.)  20c. TIME OF INJURY Medical Examiners   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, 20f. (City or town)   (County)   (State)    20c. TIME OF INJURY Month, Doy, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, 20f. (City or town)   (County)   (State)    20c. TIME OF INJURY Month, Doy, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, 20f. (City or town)   (County)   (State)    20c. TIME OF INJURY Month, Doy, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, 20f. (City or town)   (County)   (State)    20c. TIME OF INJURY Month, Doy, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, 20f. (City or town)   (County)   (State)    21. I certify that (I) (this haspitol) ottended the deceosed from   19		couse (a), staring the under-	gez ley ly	n praylic	59
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While at work   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20f. (City or town) (County) (State)   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20f. (City or town) (County) (State)   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20f. (City or town) (County) (State)   20f. (City or town) (County) (County) (State)   20f. (City or town) (County) (Coun	CATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE C	ONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
21. I certify that (I) (this haspitol) ottended the deceosed from.  19. 10. 19		OR CONTRIBUTING  CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I or Part II	of item 1B.)
saw the deceased olive an 1961 and that death accurred of 27 M, from the causes and on the dote stoted about 220. SIGNATURE  220. SIGNATURE  ATTENDING:  MED.  STAFF  PHYS.  220. ADDRESS  NAME (Type)  230. BURIAL, CREMATION, 23b. DATE THEREOF  230. NAME OF CEMETERY OR CREMATORY  REMOVAL (Specify)  24. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  250. REC'D BY REGISTRAR'S SIGNATURE	MEDICAL	Hour a.m. While	Not while fa		town) (County) (Stote)
220. SIGNATURE  226. DATE SIGNATURE  MED. STAFF PHYS. DIRECTOR PHY		21. I certify that (I) (this haspital) ottend	/1	m 2.6	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)  23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)  24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE	1 -		1964 and that a	death accurred of M, from th	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)  23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 5herwes 3 Md.  24. Flyneral Director's SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE		220. SIGNATURE	e, 6,	M.D. PHYS. MED. DIRECTOR	STAFF SIGNED
REMOVAL (Specify) 1-16-60 Sherwood Cem. Sherwood Md.  21. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  250. REC'D BY REGISTRAR'S SIGNATURE			EESER SI		Md
		REMOVAL (Specify)	127	0 . 64-	1 40 /
faming Dashiell. Carton, md. DATE JAN 16'61 Coming S. Kraus	24. F	UNIERAL DIRECTOR'S SIGNATURE	Cartin, n	Λ	

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